arthur S. Frank

VS A15 (4) 15M 10/57

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may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, as should be detach, it uses as the burial-transit permit. Then please remove carbon, ers. Pages 1 and 2 should be filled with			1		
may be retained by the FTO FUNERAL DIRECTO	ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4	he haspital ar attending physician.	R: After this certificate has been signed by the attending physician and completely filled in by the funeral director,	ach r use as the burial-transit permit. Then please remove carbon ers. Pages 1 and 2 shauld be filed with	100 miles and 10
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13/11 10/3/	HOLVI	SM	A15	50d (4)/S	17

	MARYLAND STATE DEPARTMENT OF HEALTH	I—BALTIMORE, 18
	9593 CERTIFICATE OF DEATH	Reg. Dist. No. (19587
	1. PLACE OF DEATH o. COUNTY Uicom: Co MARYLAND 2. USUAL RESIDENCE (When or STATE)	b. COUNTY b. COUNTY Wilen ico
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Calls barry Against	utside corporate limits, write RURAL and give nearest town)
2	d. NAME OF HOSPITAL (If not in hyspital, give street oddress) OR INSTITUTION ADDRESS R.	7-11 e. IS RESIDENCE ON A FARM? YES NO
M		4. DATE Month Day Year OF DEATH QUAUST 9 1958
	5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED 1/-/7-/8	9. AGE/In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done of the d	or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. S. 9.
I	13. FARLER'S NAME 14. MOTHER'S MAIDEN MA	It But
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (16. no. or unknown) (If yes, give wor or dates of service)	Rolly Markel B
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PAGE OF DEATH (Enter only one couse per line for (o), (b), and (c).]	Atora INTERVAL BETWEEN ONSET AND DEATH
V	Conditions, if ony, which) (b)	
	gove rise to immediate couse (a), stating the under-lying couse last.	
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter rature of injury in Po OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ort I or Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year Hour o. m. 20d. INJURY OCCURRED While Not while of work o	20f. (City or town) (County) (State)
	21. I certify that I attended the deceased from 8/7, 1958 to 3 alive on 1958, and that death accurred at 8 P	8/9 , 1958, that I last saw the decease
		M, fram the causes and an the date stated abov ADDRESS (Street, city or town, state) DATE/SIGNE DATE/SIGNE
1	PHYSICIAN'S RUFUS S. GARCHER JR SAL	Lisbury, Md.
7	Buyer 8-12-38 Mardon	22d OCATION (City, town or county) (Stote)
)	16.11 4.401 1111 7 721	24b. REGISTRAR 24b. REGISTRAR'S SIGNATURE 3 1 4 158 ONLY S. KINE

After this

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the registrar within 72 hours after death. Air in by the funeral director, the third copy

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

TO ATTENDING PHYS The bottom copy may

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	959	5 CLK	IIFICA	IE OF D	EATH	Reg. Dist. No	•
1. PLACE OF	DEATH		7	I 2. USUAL RI	SIDENCE (HOME) OF	DECEASED	
COUNTY /	Jecemes		MARYLAND	STATE	COUN	ernace	
CITY (If outs OR end give TOWN	de corporete limits, wri		(in this plece)	CITY (If out) OR TOWN	de corporate limits, write RURA	AL end give necrest tow	vn)
HOSPITAL OR INSTITUTION CO	DR -	9		STREET ADDRESS	Al Carrell	d give location)	
3. NAME OF DECEASED	(First)	A A	Middle)	(Last)	4. DATE (Month) (Day)	(Yeer)
(Type or Print)	GELLO	rel W	1262	ke	DEATH	lug 3	1950
Male!	6. COLOR OR RACE	7. SINGLE, MARRIE WIDOWED DIV (Specify)	ORCED 8. DA	ATE OF BIRTH	9. AGE lest birthdey	IF UNDER 1 YEAR Months Deys	
	PATION (Give kind of nost of working life, ex		D OF BUSINESS INDUSTRY	11. BIRTHPLACE (Sta	e or foreign country)		ZEN OF WHAT
13. FATHER'S NAM	N V	Blake		14. MOTHER'S			
	D EVER IN U. S. ARA		SOCIAL SECURITY NO). 17. INFORM	ANT & ADDRESS	~1	
(Yas, no, or unk.)	(If Yes, give wer or d	Deles of service)	12-05-3	223 //2/3	ned War	4 ht	
I DISEASES OR C	ONDITIONS DIRECTLY	LEADING TO DEATH	18. MEDICAL	CERTIFICATION			TERVAL BETWEEN
442X IMA	MEDIATE CAUSE	(A) -1	NEGN	la,	1	1	Week
DISEASES OR COL	CEDENT CAUSE(S) NDITIONS, IF ANY, THE ABOVE CAUSE 'ING CAUSE LAST.	DUE TO	ardio t	ascula	Renald	solaso	Endefin
	ANT CONDITIONS CO						
DISEASE OR COM	UT NOT RELATED TO NDITION CAUSING DE	ATH.					
19e. DATE OF OPE	RATION 191	b. MAJOR FINDINGS (OF OPERATION				20. AUTOPSY?
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	21b. PLACE (Home OF INJURY street, o		21c. WHERE DID INJUR	Y OCCUR? (City or town)	(County)	(State)
21d. TIME OF INJUI	RY (Month) (Dey)	(Yeer) (Hour) 21e. While		21f. HOW DID INJUR	Y OCCUR?		
	tify that I a	ittended the decea	. //	cely, 19 (8, 10		S.B., that I last s	
alive on signatur	garage, 1	19.2, and	that death occurre	160 P	n the causes and on the ADDRESS (Street, city,		DATE SIGNED
23. SURIAL, CREM.		TE THEREOF	M. D.	OR CREMATORY	LOCATION (City,	lown, or county)	(Stete)
24. REC'D BY REG	ISTRAR REG	STRAR'S SIGNATURE	1 / Lee	25. FUNERAL DIRI	CTOR'S SIGNATURE	ADDRE	SS S
DATE AND	6 '58	Reference.	1	121-0	ker The Clar	est	

MARYEARD STATE DEPARTMENT OF MEASTER OR THE STREET OF STATE OF STA CERTIFICATE OF DEATH Last hit will a The state of the s MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES T NO 5 Day IF UNDER 1 YEAR IF UNDER 24 HRS Months Days 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO (County) (Stote) 19 S, that I last saw the deceased and that death occurred at IOAM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED (Stote)

CHITISCATI OF BLATH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 9640 necessary, please exertar. Page 4 shauld be cremotion M 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY Comics e. STATE b. COUNTY MARYLAND buriol b. CITY OR TOWN (II outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 0 director. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS vith the registrar prior files. NAME OF Middle 4. DATE Month for your DECEASED OF DEATH Willie Castel (Type or print) Aug. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years oined Male Col. WIDOWED 17 DIVORCED& to yrs. 3 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) during most of working life, even if retired) puo 2, and 5 may 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME podes Pages Page 15. WAS DECEASED EVERUN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT File (If yes, give war or dates of service) Trooper Anderson: Marvland State Police Give PM3. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY Crushed head and multiple fractures IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which pencil gove rise to immediate couse guo DUE TO (o), stoting the underlying couse lost. Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 00 pending 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20g. EXTERNAL CAUSE WAS PRIMARY Dor CONTRIBUTING Body found in road-Rt. 50. Had been run over repeatedly shauld CAUSE OF DEATH. **EXAMINER: This** the ward Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY i 20f. (City or town) factory, street, office bldg. Not while 22 Road--Rt mi. East of Mardella. Md. of work at work writing 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection . Inquiry , and find that death resulted from: Notural couses , Accident , Suicide . Homicide . Undetermined couse . Certificate, v ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE 00 forwarded to FUNERAL I ASSISTANT MEDICAL EXAMINER DEPUTY **EXAMINER'S** Philip A. Insley DEPUTY MEDICAL EXAMINER NAME (Type) 22g. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY-OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Spesify) 0 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) arthury & Kraus

5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No.

Day

Days

(County)

DATE AUG 1 8 '58

Months

IFUNDER TYEAR IF UNDER 24 HRS.

Hours

12. CITIZENLOF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

DATE SIGNED

8/15/58

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(State)

e. IS RESIDENCE ON A FARM?

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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 9641

Reg. Dist. No.

	1. PLACE OF DEATH o. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (Where dece		ence befare admission)
)	b. CITY OR TOWN (If outside carporote limits, wr. RURA and give neores fown) Mardela Springs—Rura	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co		give nearest tawn)
	d. NAME OF HOSPITAL (If not in hospital, give store in the state of th		d. STREET ADDRESS / San Doming of		IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First DECEASED (Type or print) John	Handy	Cook 4. DAT	A	Day Year 14 19 58
	Male Negro wid	AARRIED A NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH August 6, 1881	last histhday) Manths yrs.	R 1 YEAR IF UNDER 24 HRS. Days Haurs Min.
	10a. USUAL OCCUPATION (Give kind af wark done during most of working life, even if retired) Day Laborer	106. KIND OF BUSINESS OR INDU Farm	STRY 11. BIRTHPLACE (State or foreig Wicomico Co.,		U.S.A.
1	13. FATHER'S NAME Isaiah Cook		Louise Walle	er	
/	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 17. 1 222-12-4582	Ida J. Cook, Marc	Address dela Springs, M	ld., R.F.D.
	18. CAUSE OF DEATH [Enter only one cause p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Canditions, if ony, which gave rise to immediate couse (a), stating the under- lying cause last. (c)	er line far (a), (b), and (c).	Sull Prole	и Раскосси	INTERVAL BETWEEN ONSET AND DEATH COLLY Allers Land
0	PART II. OTHER SIGNIFICANT CONDITION 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Diank	NOT RELATED TO THE TERMINAL DIST		RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	20c. TIME OF INJURY Manth, Day, Year 20 Haur o. m.	od. INJURY OCCURRED 20e. Pt for work at wark	ACE OF INJURY (Home, farm, clary, street, affice bldg., etc.)	City or tawn)	(Caunty) (State)
1	21. I certify that I attended the decalive an Actual SIGNATURE PHYSICIAN'S ARF D		ma.		
	220. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) Aug. 17, 1	958 Zion Church		CATION (City, town, or county) ar Sharptown,	
	23. FUNERAL DIRECTOR'S SIGNATURE J.J.Framptom and Son, F	ADDRESS ederalsburg, Mar	yland DATE MIC 2 0		

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VS A15 (4) 15M 9/55 82

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9597 CERTIFICATE OF DEATH

	Reg. Dist. Ivo.
1, PLACE OF DEATH o. COUNTY WICOMICO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY WICOMICO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrat town) Salisbury	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 Salisbury
d. NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION Pen Gen. Hospital	d. STREET ADDRESS Johnson Road on a farm? YES NO
3. NAME OF First Middle (Type or print) JAMES HARVEY	COOPER OF DEATH AUGUST 13th 19 58
Male White WIDOWED DIVORCED	8. DATE OF BIRTH Oct. 1,1884 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Many
10c. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRING Most of working life, even if retired) Construction	Virginia 12. CITIZEN OF WHAT COUNTRY US A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert Cooper	Octavia Thompson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. IT is unknown) (If yes, give war or dates of service)	s. Thez kara (Niece) Schumaker Rd. Salisbury, Maryland
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 14 20. / Conditions, if ony, which gove rise to immediate couse (a), stating the under- lying couse lost. PART I. DEATH WAS CAUSED BY: (b) COLUMN AT DUE TO (c) (c)	Ermborn's
TO THE STATE OF TH	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO X
	D. (Enter nature of injury in Port I or Part II of item 18.)
	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) clory, street, office bldg., etc.)
21. I certify that I attended the deceased fram. 811/55 alive an 12/55 alive an 12 and that death	ADDRESS (Street, city or town, stote) AUGUST AUGUST
PHYSICIAN'S Dr. Carrie I. Hearn	226 N. Division St. Salisbury, Md.
	p Cemetery Somerset County, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE HOLLOWAY & COMPANY SALISBURY MA	RYLAND 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

HEALTH DEPT.

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ath.	puo	5	7	ar its designated agent griar to burial, cremation, or removal, and in any ever within 2 hours after death.	
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18.	A	15	TO FUNERAL DIRECTOR he 3 should be used as a burial-transit permit. File pages		
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Items 8 & 9, Film MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		9598 ME	DICA	L EXAMINI See: Item	ER'S	CERTIFIC	CATE	OF DE	ATH	Reg. Dis	1. ND	95	94
1.	PLACE OF DEATH	comico		MARY	LAND	2. USUAL RESIDEN o. STATE Pa		deceased live	b. COUNT		ce befor	e odmi	ssion)
		autside corporate limits, writ	RURAL	c. LENGTH OF STAY	N 1b	c. CITY OR TOV		ide corporate	limits, write	RURAL and	give nea	rest for	wn)
		sbury				Pł	nilad	delphi	a	75	x-3		
			If not in hos	ipital, give street address	1)	d. STREET ADDR				2 10	1	e. IS RE	SIDENCE
1	Peninsula	General	Host	oital		6212	Cedar	st.					A FARM?
	NAME OF DECEASED (Type or print)	Fir Kathl	st	Middle	Cu	lost		DATE OF DEATH	Month 8-	21	Doy		9 58
5.	SEX			ED NEVER MARRIED	□ B.	DATE OF BIRTH27	, 19	1 9. AC	E (In years	IF UNDER 1	YEAR II	UND	ER 24 HRS
	म	W	WIDOWE	D DIVORCED [June 10	187	(D/ 47	18 yrs.	Months D	oys I	lours	Min.
10	a. USUAL OCCUPATIO	N (Give kind of work	done 10b. I	CIND OF BUSINESS OR I	NDUSTR	Y 11. BIRTHPLACE	(Stote or fe			12. CITIZ	EN OF	WHAT	COUNTRY
	Housewi	fe		Home		Philad	delph	nia, I	a.	U	S.	A	
13	FATHER'S NAME					14. MOTHER'S MAIL	DEN NAMI				Che		
	Edward	Gibbons				Anr	na Mo	Dermo	tt				
15	. WAS DECEASED EVE	R IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. IN	FORMANT HI	ısbar	nd.	Address				
L	No	the Ann Burg man on ones or			4	. Robert			212 Ce	edar .	Ave	•	
	18. CAUSE OF DEAT	H [Enter anly one cau	se per line	far (a), (b), ond (c).]	P	hiladel	ohia.	Pa.			INTERVA	AND DEA	EIV
		H WAS CAUSED BY:	10	ute pulmo	ทอท	or edema							den
	1420,1	DUE TO	710	are parine	a de Colonia	y carrier							
	Conditions, if or		Co	ronary oc	c711	gion						Sud	den
	gave rise to immed (a), slating the cause last.	liote couse		L Ollda y							-	ad Jack Sarth S	M. W. d. d.
ATION	PART II, OTH	ER SIGNIFICANT CON	DITIONS CO	DNTRIBUTING TO DEATH	BUT N	OT RELATED TO THE	TERMINAL	DISEASE CON	DITION GIV	EN IN PART	1	WAS A	AUTOPSY RMED?
CERTIFICATION		ISE WAS TRIBUTING []	b. DESCRIB	E HOW INJURY OCCUR	RED. (En	iter noture of injury i	in Part I ar	Part II of ite	n 18.)			and Marin	
MEDICAL	Hour a. m.	Y Month, Doy, Yes	While		e. PLAC facto	E OF INJURY (Home ry, street, office bldg	, form, 2 ,, etc.)	Of. (City or for	wn)	(Cour	ty)		(Slote)
	21. 1 certify th	at I taok charge	of the	remains described	abov	re, held an Au	tapsy [K Inspec	tion X.	Inquiry	KI,	and	d in my
				couses Accid	_	-		nicide [].	-		anner		
	ACTUAL SIGNATURE	Enll	R	1		M.D. CHIEF MEDIC	CAL EXAMI	NER 🗍				DATE S	IGNED
	EXAMINÊR'S NAME (Type)	arl L. Ro	ver.	M.D.		DEPUTY MED			8-2	21-58			
22	O. BURIAL, CREMATIO REMOVAL Specify)	N. 226. DATE THEREC	F	22c. NAME OF CEMETE		Cemeter	y 22d	Yead	City, town, o	e Lawa	re,	(State	1.
	. FUNERAL DIRECTOR			ADDRESS	7/1.3		REC'D BY	REGISTRAR	24b. REGIS	TRAR'S SIGN	NATURE		
	Holloway	and Co.	S	alisbury,	Md.	DA	TE AUG	2 2 '58	C	Inthun S	tras	is	

S' SECULTARE HILANS BO THERETEATED BEATS CHAITERAM . Children Described to the second of the

he 0 VS A15 (4) 15M 10/57

23-FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

8-22-58

BURIAL CREMATION.

Bur La I

New Market East

22c. NAME OF CEMETERY OR CREMATORY

240. REC'D BY REGISTRAR

New Market. 24b. REGISTRAR'S SIGNATURE

09595

e. IS RESIDENCE

Day

USA

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (State)

(State)

ON A FARM?

YES NO

Year

1958

arthur S. Trave DATE MIG 2 5

22d/LOCATION (City, town, or county)

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CERTIFICATE OF DEATH 9599 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negrest town) d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? ENINSU YES NO NAME OF Last 4. DATE Month Doy Year DECEASED OF DEATH FORGE (Type or print) 19 IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years Months Days Hours Min. WIDOWED DIVORCED T 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY E (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of wosking life, even if retired) MOTHER'S MAIDEN NAME 13. FATHER'S NAME 14. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address of service) CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 446X DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DE 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY

Hour o. m.

20d. INJURY OCCURRED Not while of work at work

20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)

(County)

(Stote)

21. I certify that I attended the deceased from ___, ta_ _____ 19___that I last saw the deceased and that death accurred at 2149 DM, fram the causes and an the date stated above.

ACTUAL

Doy, Year

While

ADDRESS (Street, city or town, state)

PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY

24a, REC'D BY REGISTRAR

MIG

24b. REGISTRAR'S SIGNATURE Orthung S. Kraus

23. FUNERAL DIRECTOR'S SIGNATURE

EMOVAL (Specify)

0 15M 9/55

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		3600	CERT	IFICAI	E OF DE	AIH		Reg. Dist.	No.	
o. C0	CE OF DEATH OUNTY WICOM	16.0	MAR	YLAND 2.	o. STATE	ICE (Where decease	b. COUNT	Υ .		
b. CI		itside corporate limits, write st town)	c. LENGTH OF STAY	IN 16		VN (If outside corp			re negrest fown)	۵.
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WEDICAL 20c.	TIME OF INJURY I Hour o. m. p. m.	Whil	INJURY OCCURRED Not while ork of work	20e. PLACE foctory	OF INJURY (Hom, street, office blo	ne, form. 20f. (Cit dg., etc.)	y or town)	(Co	unty)	(Ste
oli ACI SIGI PHY NA	TUAL PATURE PATU	l ottended the deceded. 19. Reck Lee ert Lee Ba	58, and that Belle	M.D.	neduces Cer	ADDRESS (S	m the causes Street, city or town Ites S Sallsh	and on the stote)	st sow the ded date stoted DAT	ol
B	RIAL, CREMATION, MOVAL (Specify) Urial	Aug. 7.58.	Parsons		tery	Sal	TION (City. town,	, Mary	land.	
	Holloway		lisbury,	Maryl	and .	ATE AUG 6	TRAR 245. REG	ISTRAR'S SIGN	ATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon appers. Pages 1 and 2 shauld be filled with the registrar prior to but the creation, or remanal, and in any event within 72 pours after. VS A1S (4) 1SM 9/SS

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C. J. I . M. + Jacks Jesudas Correct C. U. Mallace The basel Destating thungand) are Larrolton, Ave. Belisbury, Ild. " LARRE Hemorrhayed & Wilmed Generalized Continuentosis Epiderment Ca Coung. of Percent many the descent tree. 5 - 23 miss in 8 - 4 - 153 mel for each Soft State of the the list the Bake Bake medical Center Schooling in Salkebury, Maryland. Tare unstery St. Pare unstery hollowsy a Co. Sellender Street, Street,

CERTIFICATE OF DEATH

Rea. Dist. No

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	The state of the s	140.
1. PLACE OF DEATH o. COUNTY WICOMICO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence & o. STATE Maryland b, COUNTY Wico	pefare admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest lowg) Salisbury	c. CITY OR TOWN (If outside carporate limits, write RURAL end give /2 Salisbury	nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Pen. Gen. Hospital	d. STREET ADDRESS / 825 Filmore St	o. 15 RESIDENCE ON A FARM3. YES NO P
3. NAME OF DECEASED (Type or print) SEPH RANDALL	DRISCOLL 4. DATE OF AUGUST	Llth 19 58
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	Jan. 2,1916 9. AGE (In years IF UNDER 1 YI Jan. 2,1916	EAR IF UNDER 24 HRS. ys Hours Min.
100. USUAL OCCUPATION (Give kind of work done of 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired) Retired State Employee (Guard)	JSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZET Salisbury, Maryland	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Joseph Richard Driscoll	Lillie May Rounds	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 17. 18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	rs.Pearl E. Droscoll(Wife)825 St. Salisbury, Maryland	Filmore
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under-lying couse lost. (c)		INTERVAL BETWEEN ONSET AND DEATH
CATIC	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(PERFORMED? YES NO NO
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH (IF ETHER. NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port 1 or Part 11 of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 While Not while at wark of work	LACE OF INJURY (Home, farm, 20f. (City or town) (Cour actory, street, affice bldg., etc.)	nty) (Stote)
21. I certify that I attended the deceased from 8-10 alive an 8-11, 19-58, and that death	h accurred at 12:35M, fram the causes and an the ADDRESS (Street, city or town, state)	t saw the deceased date stated above DATE SIGNED
SIGNATURE WILLIAM R. Ellas. E.	M.D. Aug.	// /1958
PHYSICIAN'S Dr. Wilbur Ellis Me	edical Cemter- Salisbury, Mary	rland
220. BURIAL, CREMATION, 22b. DATE THEREOF Parsons ((Stote) Land
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNA	
HOLLOWAY & COMPANY SALISBURY MA	ARYTAND 19 19 1058 // /	11

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page 4 ompletely filled in by the funeral director, ppers. Pages I and 2 should be filed with may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and page 3 should be detaction use as the burial-transit permit. Then please remove carby the registrar prior to but a, crematian, ar removal, and in any event within 72 haurs after the registrar prior to but a. VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH SALTIMORE, 18

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e. IS RESIDENCE ON A FARM?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (State)

DATE SIGNED

(Stote)

Day

Days

(County)

YES NO T

Year

19.5

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 4. DATE Month DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lest birthday) Manths YFS. 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIREN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT yes, give wor or dates of service] CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' DUE TO Conditions, if any, which (h) gove rise to immediate DUE TO couse (o), stoling the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS 20a. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc. o. m. While Not while at work at wark p. m. 18 19 58 that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at A.M., from the causes and an the date stated above. ADDRESS (Street, city or town, stote) ACTUAL PHYSICIAN'S NAME (Type) BURLAL, CREMATION, 22b DATE THEREO 22d. LOCATION, (City, town, or county)

22c. NAME OF CEMETERY OR CREMATORY

TO FUNERAL VS A15 (4) 15M 10/57

3 shauld

Page 4

death.

certificate

with

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by

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23. FUNERAL DIRECTOR'S SIGNATURE

24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR

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VS A15 (4) 15M 10/57

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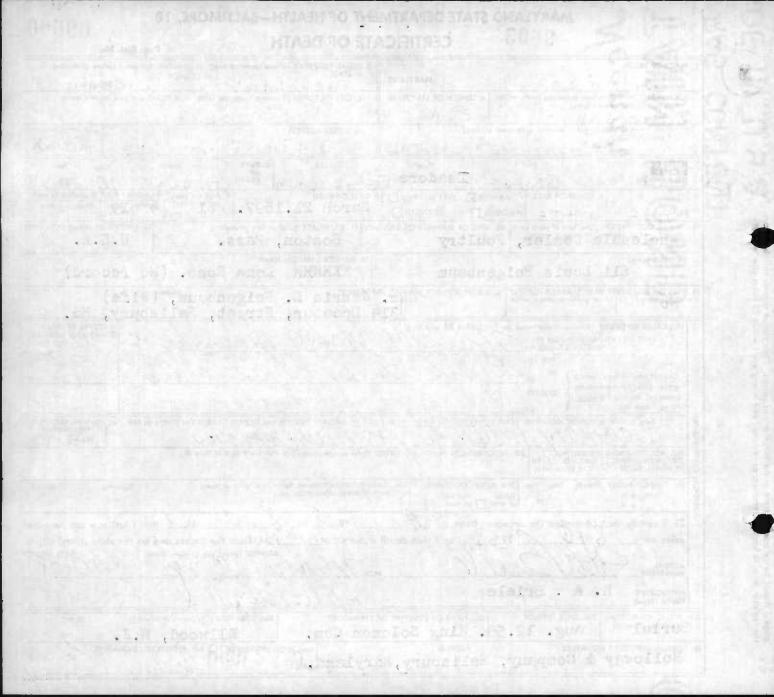
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9603

CERTIFICATE OF DEATH

09600

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. It institution: Residence before admission) a. STATE b. COUNTY
WICODICO MARYLAND	MARULAND 6. COUNTY LUICONICO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
SALISBURY 3DAYS	1/2 SALISBURY
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
PENINSULA GENERAL HOSPITAL	314 DECATUR AUF YES NO
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) GEORGE Isadore	FIGENRAUM DEATH AUGUST 18 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
MALE WHITE WIDOWED DIVORCED	March 21.1897. Olirhdov) Aprilha 195 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI	
Wholesale Dealer, Poultry	Boston, Mass. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Eli Louis Feigenbaum	XXXXXX Lena Rose. (No record)
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes. n. 1994) 16. SOCIAL SECURITY NO. 18 (Yes. n. 1994) 17. SOCIAL SECURITY NO. 18 (Yes. n. 1994) 18. SOCIAL SECURITY NO. 18 (INFORMANTIE I. Feigenbaum dddres (Wife)
NO 31	4 Decatur, Street, Salisbury, Md.
18. CAUSE OF DEATH [Enter only one couse per line for(a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b)	allsoric helmore will be onser and death
54.0.0 DUE TO	
Conditions, if any, which) (b) TIPUC (Wer washing us
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, ()	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PANVII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	Throughierasus YES NO
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port I or Part II of item 18.)
2	
Hour o. m. While Not while	LACE OF INJURY IHome, form, 20f. (City or town) (County) (State) octory, street, affice bldg., etc.)
21. I certify that lattended the deceased from	1958 to 8:10 1958 that I last saw the deceased
	Transfer of the deceased
dive on and that death	h occurred at 6.10/P.M. from the causes and on the date stoted obove
ACTUAL SIGNATURE TO SULLO	M.D. MILLER (Stree), sity or town, state) DATE SIGNET
PHYSICIAN'S H. A. Briele	Allesluy MI
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	(Sidie)
Burrareciyi Aug. 12.58. King Solo	
23. FUNERAL DIRECTOR'S SIGNATURE Hollowqy & Company, Salisbury, M	240 PECID RYDEGUSTARD 246 PEGISTRATES SIGNATURE
	Winner & Miles



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cremation.

the registrar priar to

er this certificate has been signed by

ar attending

by the haspital

ATTENDING PHYSICIAN: The law

TO HOSPITAL OR may be retained far use as the burial-transit

requires that the death certificate be executed within 24 hours after death. Page

1. PLACE OF DEATH	2 HELIAI DESIDENCE (MA
o. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN/(If outside corporate limits, write RURAL and give nearest town)
RURAL and give nearest town)	C. CITT OK TOWNY(IT DUISIDE CORPORDIE IIMIIS, WITHE KUKAL and give nearest fown)
Salishing	INDIONS NOX-3
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM
eninsula Henenal Hospit	YES NO
NAME OF First Middle	(Fetteroff) 4. DATE Month Day Year
(Type or print) (uth Griffith	ettenne OF DEATH CLIA - 6- 19 5
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 F
nable White WIDOWED DIVORCED	lost birthoday Months Days Hours Mi
00. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	STRY 11. BUTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
during most of working life, even if retired)	PENNSYLVANIA USA
3. FATHER'S MAME	14. MOTHER'S MAIDEN NAME
W. 1mon E E . "11"Th	En a O + Day - 10 T
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address
Yes, no. or unknown) (If yes, give war or dates of service)	
- VIII	w Wilmen E. GniffiTh, GAOTONS
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) // yo Caudu	al prearce, acute 2 hour
4 20,1 DUE TO	
Conditions, if ony, which) (b)	
gove rise to immediate	
couse (o), stoting the under-	

CERTIFICATION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)

20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED Hour o. m. While Not while of work of work

20e. PLACE OF INJURY (Home, form, 20f. (City or town)

(County) (Stote)

p. m 21. I certify that I attended the deceased from foctory, street, office bldg., etc.)

that I last saw the deceased

M, from the causes and on the date stated above.

ACTUAL

olive on

and that deoth occurred at

ADDRESS (Street, city or town, stote)

DATE SIGNED

YES NO IX

PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify

22en NAME) OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

(Stote)

FUNERAL DIRECTOR'S SIGNATURE

ADDRES:

24a. REC'D BY REGISTRAS DATE BUG 2

VS A15 (4) 15M 9/55

TO FUNERAL DIRECTOR: page 3 shauld be detac

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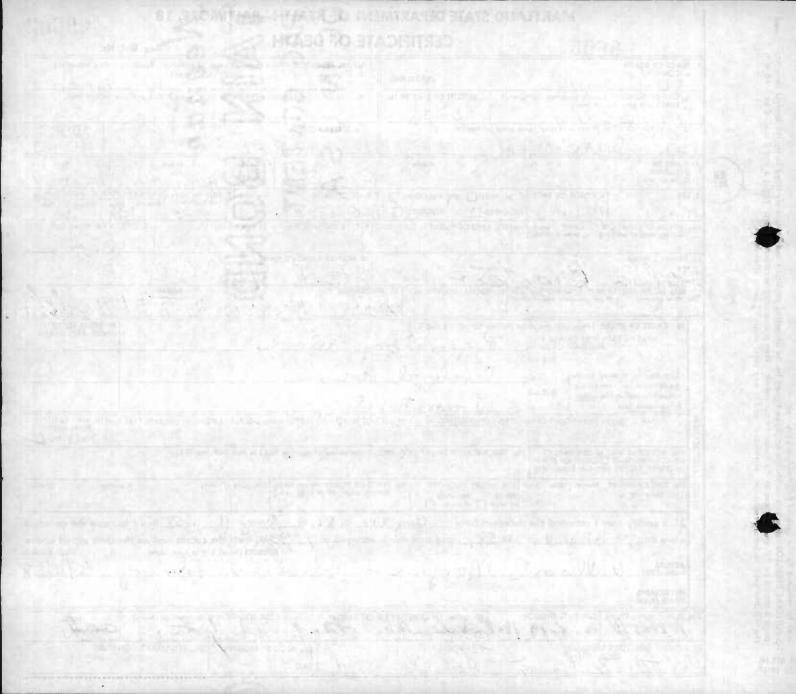
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9605	CERTIFICA	ATE OF DEATH	Pan I	Diet No.
1. PLACE OF DEATH		2 USUAL PESIDENCE (Where	deceased lived. If institution: Resid	Dist. No.
o. COUNTY	MARYLAND	o. STATE	b. COUNTY	
b. CITY OR TOWN (If outside carporate limits, write c. 1)	ENGTH OF STAY IN 16	c. CITY OR TOWN III outsi	de carporate limits, write RURAL and	d give negrest town)
RURAL and give nearest town)	1 David	Y MAA	X = 1 1 A	- 3····
d. NAME OF HOSPITAL (If not in hospital, give street addre	35)	d. STREET ADDRESS	DELLA	e. IS RESIDENCE
OR INSTITUTION	HAR D. TAI	50	# /	ON A FARM? YES NO
3. NAME OF First	Middle			
DECEASED (Type or print)	Middle	C == 1 = =	OF DEATH	Day Year
	NEVER MARRIED	B. DATE OF BIRTH	1741-1151	IN 1958 ER 1 YEAR IF UNDER 24 HRS.
Do - 1 - Ci J -		0	lost birthday) Months	
100. USUAL OCCUPATION (Give kind of work done 10b. KIND		THE UST 10,19	foreign country) 12 (CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired)	01 000111200 01 11100	JAN JAN JACE (JJOE JA	7	1. S. A
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	NE I I	* * * * * * * * * * * * * * * * * * * *
Julius Bratton	~	Ittel -	Tossel	
(Yes, no. or unknown) (If yes, give wor or date of service)	AL SECURITY NO. 17. II	NFORMANT	Address	1 1 1
	A	ora Mr	SUS RICTIO	1 Thand a
18. CAUSE OF DEATH [Enter only one cause per line for	(a), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	sorato	y Failure		ONSET AND DEATH
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Conditions, if any, which) (b)	rebral	anoxua.		
gave rise to immediate cause (a), stating the under-				
lying cause last. (c)	remoter	ity		
PART II. OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN IN PA	ART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE	HOW INJURY OCCURRE	D. (Enter nature of injury in Part	I or Part II of item 18.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
		ACE OF INJURY (Home, form,	20f. (City or town)	(County) (State)
	Not while of work	ctory, street, office bldg., etc.)		
21. I certify that I attended the deceased fr	rom aug 1	0 , 19.58, to a	ue 11 1058 that	l lost saw the deceased
	, ond that death	0.15	A, from the causes ond on	
	,_, ond mar deam		ORESS (Street, city or town, state)	DATE SIGNED
SIGNATURE William C M	land and	M.D. Maligal (onto la la lour	~ « /11/co
	mid-	W.DLadassan	Service Three of	-7
PHYSICIAN'S NAME (Type)				
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c.	NAME OF CEMETERY O	R CREMATORY 22	d. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify) Quel /2 1950	ica-Co.	motor	Slandtring	Mild.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS!	1 240. REC'D 8		
Clinter de Stellant	Palerles	TA PATE AUG	1 4 '58 anthur	1. Places

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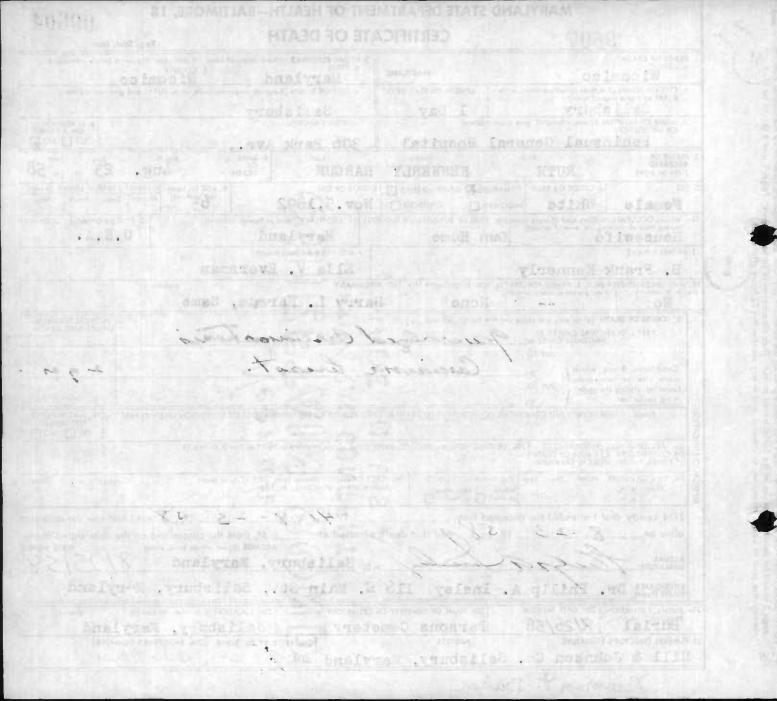
X	MARYLAN	ND STATE DEPARTMENT OF HEALTH—BALTIMO	ORE, 18
1	9607	CERTIFICATE OF DEATH	R

09604

Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) .. county Wicomico o. STATE COUNTY MARYLAND Maryland comico b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Salisbury Dav Salisbury d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO. Peninsual General Hospital 306 Park NAME OF DECEASED Middle 4. DATE Month OF DEATH 58 KENNERLY HARCUM Aug. RUTH (Type or print) 9. AGE (In years lost bushday) 5 yrs. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Nov.5.1892 Female White WIDOWED | DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Housewife U.S.A. Maryland Own Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ella V. Eversman B. Frank Kennerly S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Harry L. Harcum. Same No None 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work ____, 15 2, that I lost saw the deceased 21. I certify that I attended the deceased from And that death accurred at_____ _M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) E. Main St., Salisbury, MAryland 116 Insley Philip 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slote) Salisbury. Maryland Parsons Cemetery 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE & Johnson Co. Salisbury, Maryland arillary & traus DATEUG 2 6 '58



Lovinan V. Baker



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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detach or use as the burial-transit permit. Then please remove carbo pers. Pages 1 and 2 should be filled with the registrar prior to burn, cremation, ar remaval, and in any event within 72 hours given with.

VS A15 (4) 15M 9/55

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	attend	en plea	event within 72 hours over a per
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9608 CERTIFICATE OF DEATH Rog. Dist. No.	
1. PLACE OF DEATH o. COUNTY Wicomico MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) b. COUNTY Wicomico Wicomico	
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and are representation of the state of the stat	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION P.G. Hospt. d. Street ADDRESS #86 Pineway on A FARM: YES \(\text{NO} \) NO[17 V
3. NAME OF DECEASED (Type or print) Edgar Franklin Hastings Death Aug. 19. 1958	
5. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Oct. 14.1908 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 H Months Days Hours Min	n.
106. USUAL OCCUPATION (Give kind of work done of the property	UTRY:
Is. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. IV. INFORMANT Mrs. Virgina L. Hastings (Wife) Yes W.W. II #86 Pineway. Salisbury, Maryland.	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse (a), stating the under-lying cause lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP: PERFORMED? YES NO [20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18.)	?
	ate)
21. I certify that I attended the deceased fram 1-16, 1958, to 9-19, that I last saw the deceased alive an 1958, and that death accurred at 4.45 M. fram the causes and an the date stated ab ADDRESS (Street, city ar town, state) ACTUAL SIGNATURE OF PHYSICIAN'S Far I L. Royer Salishory Male (Type)	ove
220. BURIAL, CREMATION, 22b. DATE THEREOF Aug, 21.58. Spring Hill Memory Garden. R.D. Hebron. Md.	
23. FUNERAL DIRECTOR'S SIGNATURE Holloway & Co. Salisbury, Marylandare AUG 2 2 '58 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE CITCHIAN S. Frank	

Trail Vin Two L. Bosting TO DESCRIPTION OF THE PARTY. Miles Carlotte and All Commercial Belleview a Do. Delleview District of a venture

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O HOSFITAL OR ATTENDING PHYSICIAN: The Taw requires that the death certificate be executed within 24 hours after death. Page 4		O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and prepletely filled in by the funeral director.	page 3 should be detached use as the burial-transit permit. Then please remove carbon ets. Pages 1 and 2 should be filed with	(
at the death certificate be		the attending physician an	Then please remove carbo	event within 72 hours ofter
G PHYSICIAN: The law requires the	ital ar attending physician.	this certificate has been signed by	use as the burial-transit permit.	the registron prior to buried greatest on removed and in one event within 72 hours often de-
O HOSPITAL OX ATTENDING	may be retained by the hospital ar attending physician.	O FUNERAL DIRECTOR: After	page 3 should be detached	the registron prior to burion

VS A15 (4) 15M 10/57

MARY	YLAND STATE DEPARTM	MENT OF HEALTH-B	ALTIMORE, 18	
960	9 CERTIFIC	ATE OF DEATH	Reg	09606 Dist. No.
1. PLACE OF DEATH a. COUNTY VICOMICO	MARYLAND	2. USUAL RESIDENCE (Where dec	eased lived. If institution: Res	idence before admission)
b. CITY OR TOWN (If outside corporate li	mt.	c. CITY OR TOWN (If ourside of	corporate limits, write RURAL of	145 700
d. NAME OF HOSPITAL (If not in hospital OR INSTITUTION	11.00-11.	d. STREET ADDRESS	120 4-	e. IS RESIDENCE ON A FARM?
TENINSULA (9CNCT 3. NAME OF DECEASED	First Middle	D Last 4. DA		VES NO NO NO Year
(Type ar print) 5. SEX 6. COLOR OR RAC	E 7. MARRIED NEVER MARRIED	B. DATE OF BIRTY	ATH HUGUST	26, 1958 DER I YEAR IF UNDER 24 HRS
Make Colored	WIDOWED DIVORCED	Oct 10, 1900	(lost biethday) Mant	
10a. ÚSUAL OCCUPATION (Give kind af word during most af working life, even if retired by the book of t	rk dane 10b. KIND OF BUSINESS OR INDI	GRORGIA	ign country) 12	21, S.A.
JACK HORS	les	14. MOTHER'S MAIDEN NAME	- Dulla	1
15. WAS DECEASED EVER IN U. S. ARMED F. (Yes. no. or ynknown) (If yes. give war or dates		ACK HORSley	211 W 136"th	Street
18. CAUSE OF DEATH [Enter only one PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE	in Cerebravase	ular accida	ut	INTERVAL BETWEEN ONSET AND DEATH
Canditions, if any, which gave rise to immediate cause (a), stoting the underlying couse last.	(b)	é Carlebrose	ular Dise	040 ?
PART II. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	20b. DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Part I o	r Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Hour a.m. p. m.	White Not white	LACE OF INJURY (Home, form, coctary, street, office bldg., etc.)	(City ar town)	(County) (State
21. I certify that attended the	he deceased from $5 121$	1958,1007		I last saw the deceas
ACTUAL PLATES &	1 Gordnor)		SS (Street, city or town, state)	n the date stated above pate sign
PHYSICIAN'S RU-FUS	S. GARDATI	PJR. SAL	isbury, M.	4
220. BURIAL, CREMATION, 22b. DATE THER REMOVAL (Specify) 8-29-	22c. NAME OF CEMETERY (DE CREMATORY 22d. I	OCATION (City, 19wn, ar coun	(State)
23. FUNERAL DIRECTOR'S SIGNATURE S.F. Stewaet EINE	PEAL HODE SAL	Mal 24a. REC'D BY RI Shuen DATE SEP 2		S SIGNATURE
		311		

MERICAL EXAMINERS CERTIFICATE OF DEATH

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH**

		Kea	DIST. NO.
1. PLACE OF DEATH o. COUNTY	g STATE	here deceased lived. If institution: Re b. COUNTY	sidence before admission)
WICOMICO	YLAND MARYL	AND	ORCESTER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	Y IN 16 c. CITY OR TOWN (If a	outside carporate limits, write RURAL	ond give nearest town)
SALIS QUARIA	BED	1101 23×	- 2
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
OR INSTITUTION	2 2		ON A FARM? YES NO
TENINSULA GENERAL HOSPITA			
3. NAME OF DECEASED (Type or print) First Middl HARLS	e Lost	4. DATE Month OF DEATH	Day Year 17 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARR	RIED 8. DATE OF BIRTH		IDER I YEAR IF UNDER 24 HRS
MALE LILLE WIDOWED DIVORC		last birthdoy) Man	ths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS			CITIZEN OF WHAT COUNTS
during most of working life, even if retired)		11-05	CITIZEN OF WHAT COUNTY
FARMER DWN TA	IRM BERL		U,J,A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN I	NAME O	
CD WHOD KELLY	ELLEI	NITAYNE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO	O. 17. INFORMANT	Address	0
NO NO 215-12-6	064 STARRY	P. KELLY OC	GAN CITY!
18. CAUSE OF DEATH [Enter only one couse per-line for (a), (b), and (c)	1.3 //		INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Henry	161	(1) leac
33/X DUE TO	1 0 0	1	
Conditions, if ony, which) the left at	/ harlenes	26 -2 .	
gave rise to immediate		0.76-22.1	
couse (a), stating the <u>under-</u> lying couse last.			HILLS THE SECOND
7	FATURET NOT OFFICE TO SUCTOM		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DI	EATH BUT NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN IN	PERFORMED?
	allova scular	1 Mariana	YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY (OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED. (Enter noture of injury in	Port I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year While Not while of work of work	20e. PLACE OF INJURY (Home, form	n, 20f. (City or town)	(County) (State)
Hour a.m. p, m. 19 While Not while of work of work	factory, street, affice bldg., etc		
	2-2 -5 - 1	1 - 201 - 26	
21. I certify that I attended the deceased from.			it I last saw the deceas
alive on, 19, and tha	t death occurred at	M, fram the causes and a	an the date stated aba
1	1	ADDRESS (Street, city or town, state)	DATE SIGN
SIGNATURE I What I Seleve	- M.D. Xtel	when that	Me 27/
PHYSICIAN'S		1	1. 7.
NAME (Type)			
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEN	AETERY OR CREMATORY	22d. LOCATION (City, town, or cou	nty) (State)
REMOVAL (Specify)	FRG-03EN	B	11 /1
29. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		D BY REGISTRAR 24b. REGISTRAR	C CICNIATURE
A DONES	1. 11. 11	- 100 A	
I'm Id. January 190-	DATE &	EP3 '58 Chilm	1 S. Thank

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9612

CEPTIFICATE OF DEATH

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should be thed with	M

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 now be retained by the hospital or attending physician.

FUNERAL DIRECTOR: Affire this certificate has been signed by the attending physician and chaptelety filled in by the funeral directar, age 3 shauld be detached use as the burial-transit permit. Then please remove carbon are. Pages 1 and 2 should be with a registrar prior to buriary complian, or removal, and in any event within 72 hours after detached.

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	2024	CERTIFICA	TIE OF DEATH	Reg. D	Reg. Dist. No.		
1,	PLACE OF DEATH O. COUNTY WICOMICO	MARYLAND	2. USUAL RESIDENCE (Where deceded on STATE Mary land	b. COUNTY Z	vorcetel.		
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Salisoury	LENGTH OF STAY IN 16	c. CITY OR TOWN Would be con	porote limits, write RURAL and	give nearest lown) X = 2		
	d. NAME OF HOSPITAL (If no in hospital, give street odds of NSTITUTION A Cheral	Hospital	215 Wicomile	o Street	e. IS RESIDENCE ON A FARM? YES NO		
3.	NAME OF DECEASED (Type or print) Thomas	Middle	Knotts 4. DATI	11	Day Yeor 19 19 5 8		
	Male Color of RACE 7. MARRIED WIDOWED	DIVORCED [B. DATE OF BIRTH March 28/90	9. AGE (In fears IF UNDER lost birthday) Manths 49 yrs.	Doys Hours Min.		
L	Oo. USUAL OCCUPATION (Give kind of work done 10b. KIN (buring host of working life, even if retired)	ID OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign	i country) 12. CI	TIZEN OF WHAT COUNTRY		
	William Knot	۵	14. MOTHER'S MAIDEN HAME	Bett			
15	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC	CIAL SECURITY NO. 17	rales Knots.	1505 M. Ful	Iton and		
	IB. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o).	or (0), (b), and (c).]	cal Sosticen	na	INTERVAL BETWEEN ONSET AND DEATH		
	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.						
CERTIFICATION		TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PAI	PERFORMED? YES NO		
		E HOW INJURY OCCURRE	D. (Enter nature af injury in Part I ar f	'ort II af item 1B.)			
MFDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJUI Hour a. m. 19 While at work		ACE OF INJURY (Home, form, 20f. (Carry, street, office bldg., etc.)	Lity ar tawn) (County) (State)		
	21. I certify that I attended the deceased alive on, 19	fram 8/1/7	-	om the causes and an t (Street, city or town, state)	last saw the deceased he date stated above DATE SIGNED		
	ACTUAL SIGNATURE (L) LLIEM Q.	Elles F	M.D. Sules	leury Md.	8-20.50		
77	Pa. BURIAL, CREMATION, 22b. DATE THEREOF 22 3-58	2c. NAME OF CEMETERY OF	R CREMATORY 22d. LOC	CATION (City, town, ar county)	(State)		
23	FUNERAL DIRECTOR'S SIGNATURE LIN S. / CLUM 1348 M. C.	alhour s	24a. REC'D BY REG	SS CLT	GNATURE		

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		9643		CERT	IFICA	TE OF DEA	TH		Reg. [ist. No.	0.0	OTO
-	PLACE OF DEATH				1	2. USUAL RESIDENCE	(M/hasa dasaas	al timed 16 implicati				
	o. COUNTY	Wicomico		MAR	YLAND	o. STATE	land	b. COUNTY		omi		ionj
	b. CITY OR TOWN (I	f outside corporate limits.	, write	LENGTH OF STA	Y IN 1b			orote timits, write R		7 7 7 7 7 7	7	1)
	Delmar			35 yr	a	× Delm						
	d. NAME OF HOSPIT	AL (If not in hospital, giv	e street od	ldress)		d. STREET ADDRES	ss .				e. IS RES	SIDENCE FARM?
		laryland	Ave.			2 Mar	yland	Ave				NO [4
3.	NAME OF DECEASED	First		Middl	e	Lost	4. DATE OF	Mon	ith	Do		Year
	(Type or print)	John		Robert	L	ivingston	DEATH	Aug	. 11			19 58
S.	SEX	6. COLOR OR RACE	MARRIE	D NEVER MARE	RIED E	B. DATE OF BIRTH	F 3 1	9. AGE (In years	IF UNDE			ER 24 HRS.
1	Male	White	WIDOWED	DIVORC	ED 🗌	Feb. 9.	1882	lost birthdoy) 76 yrs.	Months	Days	Hours	Min.
10	during most of work	ON (Give kind of work do king life, even if retired)	ne 10b. Ki	IND OF BUSINESS	OR INDUS	TRY 11. BIRTHPLACE (S	stote or foreign o	country)	12. C	ITIZEN C	F WHAT	COUNTRY
		Trainman		Railro	ad	Maryl				US	A	
13	FATHER'S NAME					14. MOTHER'S MAID	EN NAME					
_	John	Livingsto			- 1	Gertru	de Rua					
{Y	es, no. or unknown)	R IN U. S. ARMED FORCE		8-01-96	077	IFORMANT		Add	ress			
	No	*****	111	.0-01-98	21	Sallie Li	vingst	on, Del	mar,	Md	•	
		TH [Enter only one cou	e per line	for (o), (b), and (e	EJ A		do	0	•		ET AND	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)_	1	THE	10	may	1100	metter	- V	de	n 2	mork
	42011	DUE TO	11	0 12		1 h.	MA	7 9				-
	Conditions, if a		172	realin.	sive	Cardro	Feel	anlas 1	Page	25	3.	21
	gove rise to it		01	2- TV	10	7.1.7	1. 1	· D	1		1	
	lying couse lost.	(c)_		June 1	ryne	end answ	in/the	gun fle	Kar	90		
CATION	PART II. OTH	ER SIGNIFICANT COND	TIONS CO	NTRIBUTING TO D	EATH BUT I	NOT RELATED TO THE T	ERMINAL DISE	E CONDITION GIV	EN IN PA	RT 1(o) 1	9. WAS	AUTOPSY RMED?
3												NO D
CERTIF	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 2 CAUSE OF DEATH MEDICAL EXAMINER)	Ob. DESCR	IBE HOW INJURY	OCCURRED	. (Enter noture of injury	y in Port I or Pa	rt II of item 18.)				
Z	20c. TIME OF INJUR	Y Month, Doy, Year		URY OCCURRED	20e. PLA	CE OF INJURY (Home, ory, street, office bldg.	form, 20f. (Cit	y or town)		(County)		(Stote)
MEDI	Hour a.m.	19	While of work [Not while of work	1001	ory, street, office bidg.	, erc.)					3.00
	21. I certify th	at I attended the a	deceased	from Jan	2	1967, to	Any	11 106'	Citian	last so	w the	deceased
	alive on A	er 117	196	6//	death	accurred at 74	30AM from	m the causes of				
Н		1/1/11	A	. //		0		treet city of lown,		inc aa		ATE SIGNED
	ACTUAL	4,15	AM	noh	A	1.D. //c	unea,	1/el				
	PHYSICIAN'S NAME (Type)	H. HV	21 C	6								
22	O. BURIAL, CREMATIO	N, 22b. DATE THEREOF		22c. NAME OF CEA	METERY OR	CREMATORY	22d. LOCA	TION (City, town,	or county)		(Stat	•) /
	Buria Tecity)	8-13-58		Mt. 0:	live			lmar. De	_	Ky ,	7/	4.8
22	FUNE ANTIDECTOR	SEIGNATURE	1	#DDRESS O		da	DECID BY DECIE	TDAD 245 DECH	CTDAD'S	delatin	SE .	y

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 completely filled in by the funeral director, spers. Pages I and 2 should be filed with M After this certificate has been signed by the attending physician and for use as the burial-transit permit. Then please remove carbo cremation, ar remaval, and in any event within 72 hours after may be retained by the hospital or attending physician. page 3 should be detach the registrar prior to bu VS A15 (4) 15M 9/55

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

may be retained by the haspital or attending physician.

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VS A15 (4) 15M 10/57

use as the burial-transit permit. Then please remave carban emotion, ar remaval, and in any event within 72 haurs after de

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9613

CERTIFICATE OF DEATH

	DULU	CERTIFICA	ALE OF DEATH	Reg. Dis	. No.
1.	PLACE OF DEATH a. COUNTY VICOMICO	MARYLAND	2. USUAL RESIDENCE (Where deceded a. STATE Maryland	b. COUNTY	e before admission)
(RURAL and give nearest town)	ENGTH OF STAY IN 16	c. CITY OR TOWN IT butside con	rporote limits, write RURAL and gi	ve nearest tawn) 23 × -2
E	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION CHASULA GENERAL HOSE	PITAL.	d. STREET ADDRESS	ghway.	e. IS RESIDENCE ON A FARM? YES NO
L	NAME OF DECEASED (Type or print) FANNIE	Middle	Lost 4. DATU OF DEA	TH AUGUST	Day Yeor 26, 1958
E	emake WHITE WIDOWED	DIVORCED	B. DATE OF BIRTH Aug. 4, 1877	lost bisthday) Months yrs.	Days Hours Min.
L	during most of working life, even if refired) OUSLE WOLF	OF BUSINESS OR INDUS	Velacoa		ZEN OF WHAT COUNTRY?
L		ian	14. MOTHER'S MAIDEN NAME	Varruglor	
	. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wor or defect of service) (If yes, give wor or defect of service)	AL SECURITY NO. 17. IF	La Berdie G	oderne Oce	routely ym
	18. CAUSE OF DEATH [Enter only one cause per-line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	(a), (b), and (c).]	ten there	uboci	INTERVAL BETWEEN ONSET AND BEATH
	Conditions, if any, which gove rise to immediate	111	Hearth	Perein	2 mg
2	cause (a), stating the under- lying cause lost. DUE TO (c)				
CERTIFICATION	PANTIL OTHER SIGNIFICANT CONDITIONS CONT	1 and	O. (Enter natural of injury in Part I or I		PERFORMED?
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	Y OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (C		ounty) (Stote)
MEDICAL		Not while at work	fory, street, office bldg., etc.)		
	21. I certify that I attended the deceased fi		occurred at 2 A.M. fr	am the causes and an th	e date stated above.
	ACTUAL SIGNATURE CENTRAL MARIENTE	As.	ND. Jalua	(Street, city or (town, state)	Charles Signed
-	PHYSICIAN'S NAME (Type)			1	
4	SCACAL Specify 8/29/58	offere	a Cem. F	Oflana,	Stote) SEP.
23.	FINERAL DIRECTOR'S SIGNATURE /	ADDRESS Separal Se	DATE AUG		S. Kraus

death. If any delay is necessary, pleose 2, and 3 to the funeral director. Page 5 to 3 and 3 to the funeral director. Tay 5 with the State Boord of Health, thous after death. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. execute the certificate, writing the word "pending" in pendl in flem, 18. Give Poges 1, 2, and 4 should be farwarded to the Chief Medical Examiner's Office along with form PM3. Pow 5 in TO FUNERAL DIRECTOR:

13 should be used as a burial-transit permit. File pages 1 con its designated agent.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

3044	Reg. Dist. No.
7. PLACE OF DEATH O. COUNTY WICOMICO MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY W1COm1CO
b. CITY OR TOWN (If outside corporate limits, write RUPAL and give nearest town) Salisbury	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Salisbury
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitat, give street oddress) $R_{\bullet}D_{\bullet}\# \qquad 3$	R.D. # 3
3. NAME OF First Middle DECEASED (Type or print) ALICE MAY	MASSEY A DATE AUGUST 12th 19 58
	DATE OF BIRTH 9. AGE (In years IFUNDER 1YEAR IF UNDER 24 HR. 101 bjehdoy) 96 yrs. Mooths D2.7 Hours Min.
00. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) None None	Powellville, Maryland USA
Peter B. Givans	14. MOTHER'S MAIDEN NAMARTHA JANE QUILLIN XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no. or unknown (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17	S.D.#(Walston) Salisbury, Maryland
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ULE TO Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost. (b) DUE TO (c)	Oschrin Hent Drien yn
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	nter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Later factor of work	CE OF INJURY (Home, form, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
21. I certify that I taak charge of the remains described aba opinion death resulted fram: Natural causes . Accident [ACTUAL SIGNATURE	
EXAMINER'S Dr. Earl L. Royer	ASSISTANT MEDICAL EXAMINER August / 12 / 19
220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR Evergreen	Cemetery Berlin, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HOLLOWAY & COMPANY SALISBURY MAI	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
HOTTOWNY & COLLANY DUTYDOUT LIVI	HYLLAND DAYBUG 1 8 '58 Cuthur S. Thous

BY STUNITURE - HTTLASH SC THEM YEARN THE COME THAN HTARO TO TRANSPORT CERTIFICATE OF DEATH Att To Link Land, if the Dress Ress attem Leisen Sandares , Silly Laure THE RELEASE OF THE PARTY OF THE "在我的",还是我们,在一些一类的 AND THE THE PARTY OF THE PROPERTY OF THE PARTY OF THE PAR

VS A15 (4) 15M 10/57

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	9614	CERTIFICA	ATE OF DEATH	Reg. Dist. N	. 03015
Ī	o, COUNTY ON COUNTY	MARYLAND	2. USUAL RESIDENCE (Where decease of STATE)	b. COUNTY NETWO	'ASTLK
0	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) d. NAME OF HOSPITAL (If not in hospital, give street or	c. LENGTH OF STAY IN 16	FARN	orote limits, write RURAL and give n	X-3
	Peningula Gener	al Hospital	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
	DECEASED (Type or print) 6. COLOR OR RACE 7. MARRIE		Lost 4. DATE OF DEATH 8. DATE OF BIRTH	Quaust 3	Day Year D 1958 R IF UNDER 24 HRS. Hours Min.
1	00: USUAL OCCUPATION (Give kind of work done during, most of working life, even if retired)		EX 1/0 RTH CA	54 yrs.	OF WHAT COUNTRY?
	3. FATHER'S NAME R P M T A - N S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. Se	C) ON ABUI	14. MOTHER'S MAIDEN NAME	Address	
	(Yes, no. or unknown) (If yes, give wor or dates of service)	hu	11 1 , 12	berger Den	ton, Mid
	18. CAUSE OF DEATH [Enter only one couse portine PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Conditions, if ony, which gove rise to immediate couse (o), stating the under-	wondy (Stery Thron		TERVAL BETWEEN NSET AND DEATH
	PARTAL OTHER SIGNIFICANT CONDITIONS CO	mia	NOT RELATED TO THE TERMINAL DISEA D. (Enter nature of injury in Port I or Pa		19. WAS AUTOPSY PERFORMED? YES NO D
_	20c. TIME OF INJURY Month, Day, Year 20d. INJ Hour o. m. While	Not while of work	ACE OF INJURY (Home, farm, tory, street, office bldg., etc.)	y or town) (County	r) (Stole)
	21. I certify that I attended the deceased alive an	d from $8 - 30$, and that death	77-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7	m the causes and an the distrect, city or town, stately	
2	PHYSICIAN'S NAME (Type) 20. BURIAL, CREMATION, 22b. DATE THEREOF	220 NAME OF CENTERY OF	2 COSMATORY LOST LOST	b //	
	REMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE	22c. NAME OF CEMETERY OF	24g. REC'D BY REGIS	ATTON (City, town, or county) TRAR 24b. REGISTRAR'S SIGNATION	(Stote) euna URE
L	to and a morning	- July	DATE DATE	158 anthur & H	ined

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The state of the s	

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detach for use as the burial-transit permit. Then please remove carbo pers. Pages 1 and 2 should be filed with the registrar prior to bur crematian, or remayal, and in any event within 72 hours after with. completely filled in by the funeral director, pers. Pages 1 and 2 shauld be filed with

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VS	A15 (4)
15	M 9/55

	9615		CEKI	IFICA	AIE OF DE	АІП			Reg. D	ist. No		
1. PLACE OF DEATH o. COUNTY	Wicomico			YLAND	2. USUAL RESIDENCE O. STATE Mary	CE (Where dec 712nd	eosed	lived. If instituti b. COUNTY	-	nce befo	ore admiss	ion)
RURAL ond give	(If outside corporate time nearest town) Mary Land	ts, write	6 days	r IN 1b	c. CITY OR TOW	N (If outside of	PARTIE.		URAL ond	give ne	arest town) \
	ITAL (If not in hospital, g			al	d. STREET ADDR							IDENCE FARM? NO
3. NAME OF DECEASED (Type or print)	Lucy		Middle Virgini	ia	Melvin	4. DA		Aug.	nth	17,	,	rear 19 58
5. SEX Female	6. COLOR OR RACE White	7. MARE	RIED NEVER MARR	_	March 5,	1876	5	P. AGE (In years lest birthday) OZ yrs.	Months Months	R I YEAR Days	Hours	R 24 HRS. Min.
100. USUAL OCCUPAT during most of wo UNK	ION (Give kind of work rking life, even if retired		kind of Business o	OR INDUS		(Stote or foreign		intry)	12. C	US/	OF WHAT	COUNTRY
13. FATHER'S NAME	Thomas H.	Colli	ar		14. MOTHER'S MAI	DEN NAME Marie	Но	rney				
15. WAS DECEASEDEV	ER IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16.	SOCIAL SECURITY NO	70	Hospital F	Records		Salis		, Ma	aryla	nd
PART I. DE	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO)	Myocardia	-	suff.						ERVAL BE SET AND 7 da	DEATH
Conditions, if gave rise to couse (o), stoting lying cause last	immediate DUE TO)	G. St.		tic cardio			disease			ye	ars
3	THER SIGNIFICANT CON			~~~					EN IN PA	RT 1(o)	PERFO	NO E
	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)		CRIBE HOW INJURY C	OCCURRE). (Enter noture of inju	ury in Part I o	r Part I	Il of item 18.)				
20c. TIME OF INJU Hour a. m. p. m.	10	While at wor	NJURY OCCURRED Not while at work		CE OF INJURY (Home tory, street, office bld		(City o	or town)		(County)		(Stote)
	hat lattended the Aug. 17,	12 eld	58, and that	11,	n, 1958, to accurred at 8: N.D. Sali	30 Am.	SS (Stre	the causes o	and on	last so the da Aug	te state	decease ed abave ste signe , 195
220. BURIAL, CREMATI	ON, 226 DATE THEREO	1958	22c. NAME OF CEN	eif	PCREMATORY CELA	27d 20	CATH	esvel	or county)	7.	Mal	7.
23. FUNERAL DIRECTOR	LE. Per	ou	ADDRESS MV LAY	Eri	ton Ma DA	REC'D BY RE	GISTR '58		STRAR'S S			

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Ciling S. Krasa

CERTIFICATE OF DEATH 9616

	DULU							MAR. DIS	1. 140.	
1. PLACE OF DEATH					USUAL RESIDENCE (Wh	ere deceased	lived. If institution	on: Residenc	e before	admission)
Wi	conico		MARYLAN	ID	Maryland Dorchester					
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Salisbury 8 weeks										
d. NAME OF HOSPI OR INSTITUTION	TAL (If nat in haspital, (address)		d. STREET ADDRESS			7 /		IS RESIDENCE ON A FARM? YES NO
	Wead State					T				
3. NAME OF DECEASED (Type or print)	Howa	rd	Middle		litchell -	4. DATE OF DEATH	Aug		Day 28	Yeor 19 58
s. sex Male	6. COLOR OR RACE	7. MARE	NEVER MARRIED [ATE OF BIRTH	374	9. AGE (In years last birthday)	Manths	Days H	Hours Min.
during most at wor	ON (Give kind of work rking life, even if retired aborer	dane 10b.	KIND OF BUSINESS OR IN	IDUSTRY	11. BIRTHPLACE (Store		iuntry)	USA		WHAT COUNT
13. FATHER'S NAME				14	MOTHER'S MAIDEN N			001		
James :	Mitchell				Nancy Co	llins				
15. WAS DECEASEDEV	ER IN U. S. ARMED FOR (If yes, give wor or dates of t	ervice)	SOCIAL SECURITY NO. 1	7. INFOR	MANTHospital	Reco	rds Addi	ess		
Canditians, if a gave rise to a cause (a), stating lying cause last. Part II. OT	immediate DUE TO	A A	coronary insurteriosclero ortic dilata	tic tion	cardiovascu	NAL DISEASI	CONDITION GIV		1(a) 19.	ears WAS AUTOPS' PERFORMED?
20a. ACCIDENT W	Legia - cau AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)		determined; CRIBE HOW INJURY OCCU							ES NO
20c. TIME OF INJUI Havr a. m. p. m.	RY Manth, Day, Ye	ar 20d. II While at war	Nat while		OF INJURY (Home, farm street, affice bldg., etc.		or town)	{C	aunty)	(State
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	August 28 Lo. V. fuu V. Juerman DN. 226. DATE THEREC	, M.		M.D.	Deer's Salisbu	M, from ADDRESS (SI Head I	the causes of reet, city or town, State Hose aryland	nd an the state) pital	ne date	stated abo DATE SIGN 8/28/58
23. FUNERAL DIRECTOR	es signature	Fed	ADDRESS eralsburg, Ma	ryla	and 240. REC'I	D BY REGIST		TRAR'S SIG		

DATE SEP 2

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completely filled in by the funeral director, opers. Pages I and 2 should be filed with may be retained by the haspitol or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and page 3 shauld be detach after use as the burial-transit permit. Then please remave corbathe registrar prior to busing cremotian, ar remaval, and in any event within 72 hours after VS A15 (4) 15M 9/55

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

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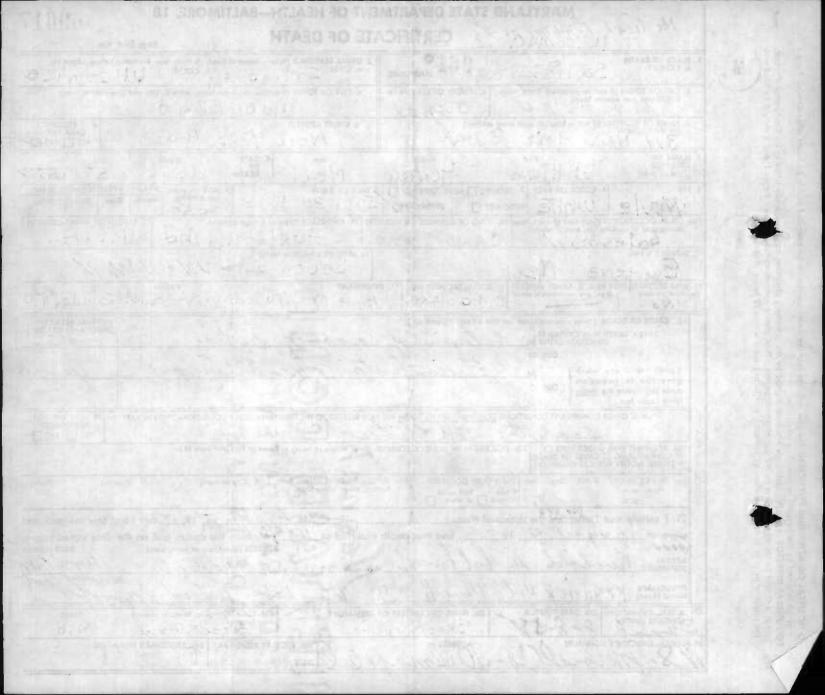
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director. So page 3 should be detach for use as the burial-transit permit. Then please remove carbo apers. Pages 1 and 2 should be filled with the registror prior to but the properties of the prior to but the prior to be prior to but the prior to be prior to but the prior to but the prior to be prior
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MARYLAND	STATE DEPARTMENT	OF HEALTH—	BALTIMORE, 18
014	CERTIFICATE	OF DEATH	Rec

					Keg. Dis	it. No.
1. PLACE OF DEATH			2. USUAL RESIDENCE (W			ce before admission)
Wico	MICO	MARYLAND	DELEU		COUNTY S4	SSEX
b. CITY OR TOWN (If out RURAL and give nearest	side corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limi	ts, write RURAL and g	ive nearest town)
SALISBU		70 DA45	DE	LMAR	46)	X - 3
d. NAME OF HOSPITAL (I	If not in hospital, give street	oddress)	d. STREET ADDRESS		11 2	e. IS RESIDENCE ON A FARM?
	GENERAL F	OSPITAL				YES NO
3. NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Month	Doy Yeor
(Type ar print)	KICHARI	0	MORRIS	DEATH A	JGUST	3 1958
5. SEX 6.	COLOR OR RACE 7. MARR	NEVER MARRIED	B. DATE OF BIRTH	9. AGE		1 YEAR IF UNDER 24 HRS. Doys Hours Min.
	WHITE WIDOW		6-1-189	/ 6	yes. Monins	Doys Hours Min.
100. USUAL OCCUPATION (Conducting most of working I	Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	ar foreign country)	12. CITI	IZEN OF WHAT COUNTRY
TRAINMI	+N P	4/LROAD	DELAU	VARE	1	154
13. FATHER'S NAME		. 0010	14. MOTHER'S MAIDEN	NAME		
JAMES	POLK M	OKKIU	FLORE	VCE	PERI	ンレビ
Yese no or unknown) (If yes	U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT		Address	
YES V	VWH1 7	16-03-20564	ILDRED	MORRIS	-DELMI	+R- DEL
18. CAUSE OF DEATH	[Enter only one cause per li	ne far (a), (b), and (c).]				INTERVAL BETWEEN ONSET AND DEATH
	VAS CAUSED BY: MEDIATE CAUSE (0)	Septicen	ria			2 clay
572.2	DUE TO	610 0		n,		. /
Conditions, if ony,		Clarat	in cold	1-2-		10 yrs-
gave rise to imme couse (o), stoting the	diate (
lying couse lost.	(c)					
PART II. OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE COND	ITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
3						YES NO
PART II. OTHER S 20g. ACCIDENT WAS UN OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTIONS CONTRI	NDERLYING 20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Port II of ite	em 1B.)	
	ICAL EXAMINER)				17. 2	
20c. TIME OF INJURY A Hour o. m. p. m.			ACE OF INJURY (Hame, farr	n, 20f. (City or town) (C	Caunty) (State)
D nour o.m.	19 While of wor	k of wark	and the state of t			
21. I certify that I	attended the deceas	ed fram	19 to		. 19 that L !	ast saw the decease
alive an	. 19		accurred at 9:49	M from the	causes and an th	se date stated above
/1.	2	201		ADDRESS (Street, city		DATE SIGNE
ACTUAL SIGNATURE	leid.	Tolunt.	M D			8.400
PHYSICIAN'S NAME (Type)						
	22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (CI	ly, town, or county)	(Stote)
BUPLE (Specify)	8-6-1958	MT OLIV	E	DELI	YAR-	DEL
23. FUNERAL DIRECTOR'S SIG	GNATURE	ADDRESS	24a. REC	D BY REGISTRAR	24b. REGISTRAR'S SIG	NATURE
W.8. mar	rel Con- V	Ollma a	lel. DATE	AUG 8 '58	alles	uch
	N			100	77-11-200	

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1 -	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	09617
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director, filed with	1	1. PLACE OF DEATH O. COUNTY O. STATE O.	
funeral		b. CITY OR TOWN (If outside corporate limits, write RURAL and give RURAL and give nearest town) 5 4 2 5 80 R 4 5 4 8 4 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	e nearest town)
by the	00	d. NAME OF HOSPITAL (If not in hospital, 'give street oddress) OR INSTITUTION 311 New York Que. /d. STREET ADDRESS New York Que.	e. IS RESIDENCE ON A FARM? YES NO
filled in		3. NAME OF DECEASED (Type or print) US: 11 0 m HENRY NEW DEATH OUG	Day Year 19 5 8
ed with		MONE UNITE WIDOWED DIVORCED JULY 30, 1893 lost birthday) Months De	YEAR IF UNDER 24 HRS. Dys Hours Min.
and don	(I)	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZE during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	S · A .
ysician ave cark		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	VN .
ing ph se rem n 72 ho		(Yes, no, or unknown) (If yes, give wor or dotes of service) 214-0-3-4666 ANNE N. (RU: Kshark - Sudle	esuile, Md.
e deat attenden plea nt within		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Ochumin of Caron as Caron	INTERVAL BETWEEN ONSET AND DEATH THE
es that II		Conditions, if any, which gove rise to immediate (b) arteriogelastic Heart Desease	years
require ian. in signe nsit per and in		cose (o), stating the under- lying couse last. DUE TO (c)	
he law physic has bee rial-tra maval,	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II Dealers Wellites	(e) 19. WAS AUTOPSY PERFORMED? YES NO P
tending ificate the bu		20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)	
PHTSIN tal or at this cert ruse as		20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 Ville of work of twork 10 twork 1	enty) (Stote)
e hospi e hospi cheq curic		21. I certify that I amended the deceased from , 19 Meto AUGUST 9, 19 58, that I last alive on August 9, 19 58, and that death accurred at 19 5 pM, from the causes and an the	st saw the deceased date stated above.
R Alie od by th RECTOR be deto iar to b		ACTUAL SIGNATURE Ken drub Mc bul beugh M.D. Brsons byry Mariland	Clegral 5, 198
RAL DI Should strar pr	2	PHYSICIAN'S Kendrick McCullongh MD goting Deputy Judien Sim	word of
may be o FUNE		220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY & 22d. (OCATION (City, town, or county) BROCKULEW BROCKULEW	(Stote) Md.
VS A15 (4) 15M 9/55	of	29 FUNERAL DIRECTOR'S SIGNATURE JADDRESS JADDRESS DATE AUG 8 '58 CHI COLLINA LOL DATE AUG 8 '58	ATURE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 9619 Rog. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Wicomico b. COUNTY Maryland Wicomico MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL ond give neares lown Salisbury Salisbury d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 109 E. Locust St ON A FARM? 109 E. Locust St. YES NO NO First 4. DATE Middle Lost Month OF **JESSE** T.EE OWENS AUGUST 31st 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthday) B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Months June 5,1909 WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if reticed) Laborer -- - - House Painter Worcester Co. Maryland 14. MOTHER'S MAIDEN NAME Charles W. Owens Hattie Ann Adkins 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Mrs. Norma E. Owens (Wife 109 E. Losust St Salisbury Maryland 18. CAUSE OF DEATH [Enter only one couse per the for (o), (b), and (c),] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO (b) **DUE TO** PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 YAS AUTOPSY PERFORMED? YES NO X 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) While Not while of work of work 5 Athat I last saw the deceased 21. I certify that I attended the deceased from. and that death accurred at 3' D. M, from the causes and an the date stated abave. ADDRESS (Street, city or town, stote) DATE SIGNED Sept. Gardner Jr.V Pine Bluff Rd. Salisbury, Maryland 220. BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Sept. 3.1958 Wicomico Mem Park Salisbury, Maryland

HOLLOWAY & COMPANY

ADDRESS SALISBURY MARYLAND 240. REC'D BY REGISTRAR DATE

24b. REGISTRAR'S SIGNATURE arthur S. Thous

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9621 CERTIFICATE OF DEATH CERTIFICATE OF DEATH

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			Reg. Dis	l. No.
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where decea		e before admission)
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b. CITY OR TOWN (If outside carporale limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside car		
RURAL and give nearest tawn)	100	Dunnersk	72 × 2	
d. NAME OF HOSPITAL (If not in hospital, give street of	DN _o	d. STREET ADDRESS	0.21-2	e. IS RESIDENCE
OR INSTITUTION	11 241	4	ch	ON A FARM?
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3. NAME OF First DECEASED	Middle	Lost 4. DATE OF	Month	Day Year
(Type or print) Paul S	4CKSON	Phelps DEAT	MULLISI	25 1958
5. SEX 6. COLOR OR RACE 7. MARRI	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (la years IF UNDER 1	
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TIUMET SE	of employe	DIVINGINIO		H.B.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	^	
Danwer Phel	PS	peulph	PARKER	
	SOCIAL SECURITY NO. 17.	NFORMANT	Address	
(Yos. no. or unknown) (If yos. give wor or dates of service)	5-07-4870 /	ManGARET 1	Phelps - ON	PNEOCK, V
18. CAUSE OF DEATH [Enter only one cause par lin	e far (a), y(b), and (c).]	- 90.	1.10/11	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	cuto (lulo	MINU MU sea	4 NIO BULLINGUE	ONSET AND DEATH
420, / IMMEDIATE CAUSE (a)			anaporto	- COUNTY
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couse (a), stating the under-	Wound VI	wall of our la	a standay Al	1 / 1
lying cause last.) (c)	weight	roue was	Drown Mr	e you
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN FART	1(0) 19. WAS (UTOPSY PERFORMED?
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PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or P	art II of item 1B.)	
		ACE OF INJURY (Hame, form, 20f. (C	ity or town) (Co	ounty) (State)
Haur a.m. While at wark	_ ITO WILLE	ctary, street, affice bldg., etc.)		
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21. I certify that attended the decease		, 1920, 10 0/2		ast saw the deceased
alive on 197	and that death	occurred at 10:057 M, fre	- 4 4 - 7	11 1
ACTUAL DISCOS	4-00 1=n4	ADDRESS	(Street, gity of towns state)	DATE SIGNE
SIGNATURE & UFUS D	GAKANEKU	16. Tugate	4 Ma	812>1>0
PHYSICIAN'S		Sallai Va	1.0.91, ()	1
NAME (Type)		stous !!!	ray illy.	
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY 22d. LOG	ATION (City, town, or county)	/ (State)
Burel 6-27-58	Revend	Men Josh	Mospalp	1/a
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY REGI	ISTRAR 246. REGISTRAR'S SIG	NATURE
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VS A15 (4)

CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Wicomico Maryland Wicomico MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) RURAL ond give negrest town) Salisbury Salisbury d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION BOx#298 Lincoln Ave Box# 298 Lincoln Ave. YES T NO NAME OF Middle AUGÜST WASHINGTON HAROLD POWELI (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last-bigithday) Months Days Mar. 10,1887 Hours Male White WIDOWED | DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Retired Farmer Salisbury, Maryland Farming 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joshua Thomas Powell Annie E. Serman INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Powell(Wife)Box#298 Lincoln Salisbury, Maryland No 18. CAUSE OF DEATH [Enter only one couse per, line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) sterioscleroses Conditions, if ony, which gave rise to immediate DUE TO cause (o), stoting the underlying couse lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO IX 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) 20c. TIME OF INJURY 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Hour a. m. Not while at wark 21. I certify that I attended the deceased fram that I last saw the deceased , and that death accurred at 11:10A. If m the causes and on the date stated above DATE SIGNED ACTUAL PHYSICIAN'S Dr. William D. Gray 334 Camden Ave. Salisbury, Maryland 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 220. BURIAL, CREMATION, Salisbury, Maryland Wicomico Memorial Park Aug. 30, 1958 240. REC'D BY REGISTEAR 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246. REGISTRAR'S SIGNATURE HOLLOWAY & COMPANY

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VS A15 (4) 15M 10/57

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Rea.	Dist.	No.					

1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE	Pared b. COUNTY	Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN III o	utside corporate limits, write RUR/	Al and give negrest town)
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d. NAME OF HOSPITAL (If not in hospital, give stree	\	1,1119-6	ss Mone 1	7 X - 00
OR INSTITUTION	(dooress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM2
Perinsula General H	ospital			YES NO [
3. NAME OF DECEASED (Type or print)	Middle	PUSEL	4. DATE Month OF DEATH	st 14 1958
5. SEX 6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF	UNDER 1 YEAR IF UNDER 24 HRS.
m W WIDOW		Phr. / 10 15	OC JON BERNOSYI M	Months Days Hours Min.
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during most of working life, even if retired)	V V	Marin	Obser!	11 XX
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
It to the	011	11 months	H 11 /	
Linema Jus	ery .	Hanse	u Huds	zer
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes. no. or unknown) (If yesgive wor or dates of service)	SOCIAL SECURITY NO. 17.	NFORMANT	Address	
16	10 11	morred	En. Ilm	restimon
18. CAUSE OF DEATH [Enter only one cause per	line for (o), (b), and (c).]	. //	0	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	an a kinel	Then	- proin	ONSET AND DEATH
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lying cause lost. (c)				
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[3]				YES NO M
PART II. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in f	'art I ar Part II of item 18.)	1
3 20c. TIME OF INJURY Month, Doy, Year 20d.	INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, form	20f (City or town)	(5
Haur o. m. While	Not while for	ctory, street, office bldg., etc.)	(County) (Stole)
	rk ot work		1 /	3
21. I certify that I attended the decea	sed from	19.) to C	ceg / 4-, 19 / 1,1	hat I last saw the deceased
alive an Olfrey 14 , 194	and that death	accurred at 9:15	BM, from the causes and	an the date stated above.
111.0	0./		ADDRESS (Street, city or town, stol	
SIGNATURE ALLA	illree.	M.D. tall	abrem	The Plista
3.000AJOAC G		M.D.		
PHYSICIAN'S NAME (Type)				
	Im was seen			
22 DURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify)	22c NAME OF CEMETERY O	REMATORY	manackin menonence	ounty) (State)
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23. FINIERAL DIRECTOR'S SIGNATURE	ADDRESS	249, REC'I	BY REGISTRAR 246. REGISTRA	AR'S SIGNATURE
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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9623

CERTIFICATE OF DEATH

Rea. Dist. No.

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	1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Mara land b. COUNTY Wore
	b. CITY OR TOWN (If outside carporote limits, write RURAL and give pearest town) Salts Duran 5 /2 hus,	c. CITY OR TOWN In outside carporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL Winds in hospital, give street oddress) PRINSTITUTION PENINS WILL GENERAL HOSPITAL	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES TO NO
	3. NAME OF DECEASED (Type or print) C. Raymand	2 Lost 4. DATE Month Day Year OF DEATH JUJUST 3 1958
	Male White WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. In the state of the stat
	10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRING most of working life, even if retired) THE TERMAN STATEMAN	BIERUN MD 12. CITIZEN OF WHAT COUNTRY?
)	SEWELL 20) LLEIY	14 MOTHER'S MAIDEN NAME H. MURRAY BERUN
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	IRS. RAYMOND QUILLEN, BERLIN MU
	1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCON COLOR	In forctions Interval Between ONSET AND DEATH
	Canditions, if any, which) DUE TO CORONARY (Relety Disease
	gove rise to immediate couse (a), stating the under-lying couse lost.	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 1 NO 1
		D. (Enter nature of injury in Part I or Port II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED fac work 19 of work 10 of work	ACE OF INJURY (Home, form, 20f. (City or town) (Caunty) (State)
	21. I certify that I attended the deceased from Hug alive an 1959, and that geath	occurred at D. M., from the causes and an the date stated above.
	ACTUAL HOLINGS C Hill &	M.D. Pine Buff Rood 8/3/58
	PHYSICIAN'S NAME (Type)	Salis bury, Md
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF SURLY A LOR	B'E O
	23. FUNERAL DIRECTOR'S SIGNATURE Burbage ADPRESS ADPRESS	and. 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
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CERTIFICATE OF DEATH

Pag Dist No

	JUG	1							Mag.	DIST. 140.		
1. PLACE OF DEATH o. COUNTY	Wicomico		MARYI		o. STATE		land	d lived. If instit b. COUN		Wico		
b. CITY OR TOWN (RURAL and give n	outside corporate limi earest lown) Salisbur		c. LENGTH OF STAY I	N 1b	c. CITY OR		outside corpo	rote limits, write	RURAL on	d give near	est fown)	V
d. NAME OF HOSPIT OR INSTITUTION	Pen Gen.				d. STREET A		S. Di	l v isior	St	•	ON A F	FARM?
3. NAME OF DECEASED (Type or print)	Fir DOB	OTHY	Middle MAE		REDDI		4. DATE OF DEATH		onth BUST	21s		9 58
Female	6. COLOR OR RACE White	7. MARRIE	DIVORCED		ugust		.899	9. AGE (In year last birthdoy	Months	ER 1 YEAR	Hours	24 HRS. Min.
	ON (Give kind of work of king life, even if retired (Practica	lone 10b. K	IND OF BUSINESS OF		D111	on,	South	ountry) 1 Caro]		U U	S A	OUNTRY
Joseph	Rose				4. MOTHER'S		But]	lon				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		OCIAL SECURITY NO.	Mr. E	en jan	in W	11112	am Redô	iish(Husb	and Md.)
Conditions, if of gove rise to it couse (o), stoting lying couse lost.	mmediate (Due To		my	gil	ey tog	The series	er)	ella			AND	ا رحا
PART II. OTI	HER SIGNIFICANT CON	DITIONS <u>CC</u>	ONTRIBUTING TO DEA	TH BUT NO	T RELATED TO	THETERM	INAL DISEAS	E CONDITION (GIVEN IN PA	ART 1(o) 19	PERFOR	MED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCS	RIBE HOW INJURY O	CURRED. (Enter natur e o	f injury in	Port I or Por	t II of item 18.)				
Y 20c. TIME OF INJUS Hour o. m. p. m.	RY Month, Doy, Yes	While	URY OCCURRED Not while of work	20e. PLACE foctor	OF INJURY (Home, form bldg., etc	n, 20f. (City	or town)		(County)		(State)
21. I certify the alive an	and I attended the	19		M.D			ADDRESS (S	n the causes treet, city or tow	and an	ug./	e stated	d above te signed /195
270. BURIAL, CREMATIC REMOVAL (Specify)	Aug. 23,	1958	22c. NAME OF CEME Mardela			New)		tion (City, town			(State)	
23. FUNERAL DIRECTOR HOLLOWAY		S	ADDRESS ALISBURY	MARY	LAND		G 2 5 '5			SIGNATURI		

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detacted as the burial-transit permit. Then please remave carbon pers. Pages 1 and 2 shauld be filed with the registrar prior to but a cremation, ar remaval, and in any event within 72 hours ofter apoli. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 page 3 shauld be detact VS A15 (4) 15M 9/55

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Aug. 14, 1958

23. FUNERAL DIRECTOR'S SIGNATURE

Bethel

ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Chesapeake City STRAR 246 REGISTRAR'S SIGNATURE

240. AECTO BY BEGISTRAR

			CERTIF	CF	AIE OF DEATH	1		Reg. Di	st. No.		
PLACE OF DEATH	Wicomico		MARYLA	ND	2. USUAL RESIDENCE (WHO o. STATE Mary		d lived. If institution b. COUNTY	Cec		e admiss	ion)
b. CITY OR TOWN	(If outside corporate limi	ts, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If o	outside corpo	orote limits, write R	URAL ond	give nea	rest town	1) V
	isbury		33 days	3	Chesa	peake	City	07	X = 2	2	
d. NAME OF HOS	PITAL (If not in hospital, g	ive street			d. STREET ADDRESS					. IS RES	FARM?
Deer	s Head State	e Hos	pital		Georg	ge St.					NO 🔀
3. NAME OF DECEASED (Type or print)	Fii Rol	and	Middle Wesley		Robbins	4. DATE OF DEATH	Man	m ust l	Do 1+h		Yeor 19 58
5. SEX			RIED NEVER MARRIED		8. DATE OF BIRTH		9. AGE (In years	and the same of th			ER 24 HRS.
Male	White	WIDOW				1899	lost birthdoy)	Months	Doys	Hours	Min.
100. USUAL OCCUPA	TION (Give kind of work	done 10b.	KIND OF BUSINESS OR I	INDUS	TRY 11. BIRTHPLACE (Stote			12. CI	TIZEN O	F WHAT	COUNTRY
Hotel Desi	rorking life, even if retired to Clenk)	Hotel		Kansa	25			USA	3.74	
13. FATHER'S NAME	N OTCLA		110001		14. MOTHER'S MAIDEN N						
F	dward Robbin	S			Luli	ı Mati	lda Matth	1ew			
15. WAS DECEASED E	VER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. IN	NFORMANT		Adde				-
(Yes, no. or unknown) Unk	(If yes, give wor or dates of s	ervice}		De	er's Head Sta	ate Ho	spital, S	Salis	bury	, Md	
	DEATH [Enter only one co	use per li	ne for (o), (b), and (c).]							RVAL BE	
PART I. D	EATH WAS CAUSED BY:		Generalized	02	rcinomatosis				ONS	ET AND	DEATH
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Conditions, if	any which \		Adenocarcino	oma	of thyroid a	rland				Year	g
gove rise ta	immediate (-									
lying couse la	ng the under-										
PART II. C			CONTRIBUTING TO DEATH	BUT	NOT RELATED TO THE TERMI	NAL DISEAS	SE CONDITION GIV	EN IN PAR	T 1(o) 1	PERFO	AUTOPSY DRMED?
OR CONTRIBUTION (IF EITHER, NOTI	WAS UNDERLYING AND CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED). (Enter noture of injury in	Port I or Por	rt II of item 18.)				
20c. TIME OF INJ	۸.	ar 20d. I While of wor	Not while	le. PLA	CE OF INJURY (Home, farm tory, street, office bldg., etc	, 20f. (City	y or town)	(County)		(Stote)
		deceas		9th	19.58 to	August	11, 1958	that I	last so	w the	decense
alive on_A	1	19			occurred at 3:05						
0	11		1	COIII			itreet, city or town,		ne du		ATE SIGNED
ACTUAL	8 2. M	u	u)		Salisbu					8/13	1/58
	T 77 M	7 3	MD								
PHYSICIAN'S NAME (Type)	L. V. Ma					Head S	State Hos	pital			
220 RUPIAL CREMA	TION 226 DATE THEREC)F	220 NAME OF CEMETE	DY OF	CDEMATORY	224 LOCA	TION (City town	Interior se		154-4	-1

Cemetery

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: 4/Xer this certificate has been signed by the attending physician page 3 should be detailed for use as the burial-transit permit. Then please remove carl VS A15 (4) 15M 9/55

the registrar priar to bu

ompletely filled in by the funeral director, spers. Pages 1 and 2 should be filed with

Then please remove carbo

crematian, ar remayal, and in any event within 72 hours

THE MODEL OF STREET OF MISSING TRANSPORTS TO SEED TO SEED AND SEED ASSOCIATION OF SEEDING THE SEED ASSOCIATION ASS and the state of t And the second Sindiatores and a state of

VS A15 (4) 15M 10/57

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18

9626 CERTIFICATE OF DEATH

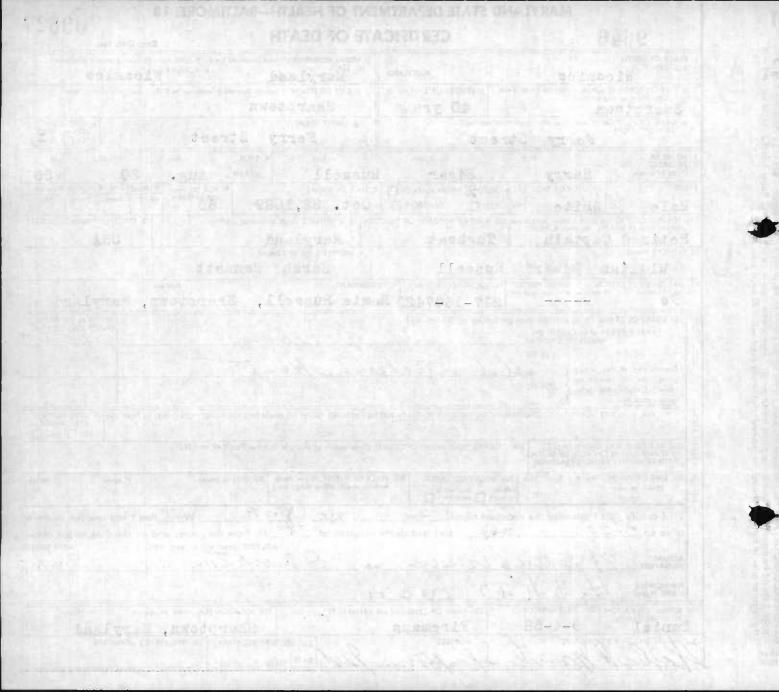
Reg. Dist. No. 09626

	1. PLACE OF DEATH 6. COUNTY LU \ C.O. M \ C.O.	MARYLAND	2. USUAL RESIDENCE (When o. STATE	b. COUNTY	Residence before admission)
		LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporate limits, write RURA	L and give nearest tawn)
	SALISBURY	1084	PRINC	CESS AND	1-19x-2
	d. NAME OF HOSPITAL (If not in hospital, give street ode	dress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	PENINSULA GENERAL	HOSPITAL	I IRUI	NG ST.	YES NO
	3. NAME OF First DECEASED	Middle	Lost	4. DATE Month	Day Yeor
	(Type or print) NARTHA		15055	DEATH AUGUS	T 12 1958
	5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED	DIVORCED T	May 1 10		onths Days Hours Min.
	10o. USUAL OCCUPATION (Give kind of work done 10b. KII		ISTRY LITTORTHPLACE (State o	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	dyfing most of working life, even if retired)	Rus Sent	A Training	Six ont	11 X A
1	V3. FATHER'S NAME		14 NOTHER STUEN NA	ME OD	1000
	Charles Farm	ett	Saras	& Harna	tt
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO	OCIAL SECURITY NO. 17.	INFORMANT	Address	
	In yes, give wor or acres or service)	re- /	mocos	tellass 11	anno MI
	18. CAUSE OF DEATH [Enter only one couse per line	far (a), (b), ond (c).]		/ -	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	RMINAT (ARCINOM	a10511	2 Y
	171X DUE TO				
		RCILLOM	A (ERVI	X	Designation of the second
	gove rise to immediate DUE TO				
	lying couse lost. (c)		Property and the second		
	PART 11. OTHER SIGNIFICANT CONDITIONS COL	NTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN	IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		IBE HOW INJURY OCCURRI	ED. (Enter noture of injury in Po	ort 1 or Port 11 of item 18.)	
	Haur o. m. While	URY OCCURRED 20e. Pl	LACE OF INJURY (Home, form, actory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
	p. m. 19 of work	of work		10	
	21. I certify that I attended the deceased	2 111	19 to	1729 , 195 XI	hat I last saw the deceased
	alive on	2, and that deat			on the date stated above.
	ACTUAL ALL	1119	1 Lat	DORESS (Street, city or town, sta	e) DATE SIGNED
	SIGNATURE SIGNATURE	isey 14	M.D	www.	KG 3/13/
	PHYSICIAN'S NAME (Type)				
1	229 BURIAL, CREMATION, 22b. DATE THEREOF	22 MAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, town, or c	punty) (State)
	220 DIRIAL, CREMATION, 22b. DATE THEREOF SEMOVAL (Specify) 8-19-58	Chilo	OR CREMATORY 2	22d. LOCATION (City, town, or c	ounty) (State)

	MARYENTAR GRAYSAN	
HTARO PO PY	מאוווקט אל מאוווקט	
	Day of the second	
Sand College B. Brown To		

HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9627

CERTIFICATE OF DEATH

()	9	6	2	4

	Keg. Dist. No.
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	VIEGINIA NORTOIR
RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest rown)
d. NAME OF HOSPITAL (If fat in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE
OR INSTITUTION Leneral Hospital	3308 GLASGOW ST ON A FARM? YES NOW
3. NAME OF DECEASED (Type or print) Thy Edward	Showell DATE Manth Day Year DEATH August 19 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male Colored WIDOWED DIVORCED	4-16-1904 S4 yrs. Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDL. Adving most of working life, even it retired) AIR CRAFT PAINTER NAVA AIR STATE	USTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William H. ShowEll	Addie KAGNE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes no. on unknown) (If yes, give wor or dates of service) 2/3-/2-5/2/7	B. Ludia Showelli 3308 Glasgow St. VA
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: CORE OF CORE	Isalar accident on Enant Death
443X DUE TO	
Conditions, if ony, which) (b)	
gave rise to immediate couse (a), stating the underlying couse last.	no Cardeposentor Nie years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19, WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Part II of item 18.)
	ACE OF INJURY (Home, form, 120f. (City or town) (County) (Stote)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to those the second s	sctory, street, office bldg., etc.)
21. I certify that I attended the deceased from.	
alive an 8/19 1958 and that death	12,08
	ADDRESS (Street, City or town, stote) DATE SIGNED
SIGNATURE CUSUS A CURLULU	MO VINEDHUTT KO 8/19/5
PHYSICIAN'S RUFUS S. GARDIEK	JR. SALIIS buey, Md.
220. BURIAL, CREMATION, 220 DATE THEREOF 22c. NAME OF CEMETERY C	R CREMATORY 22d. LOCATION (City, Igwn, ar county) (State)
DURIA 8-23-1738 EVERGREEN	CEMETERY DERIN TMA.
ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
I.T. STOW ART FINERAL HAME DALISHU	DATE AUG 2 6 '58 Outling & 4

THE STATE OF BEATH

hours ofter deoth.

09631

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No.

	1COM1CO	MARTINIO	Maryla	ind		Wicon	ico	
b. CITY OR TOWN	(If outside corporate limits, w	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corpo	prote limits, write RI			1)
Mardela		88 yrs	X Mardela	Spr	ings. M	a.		
d. NAME OF HOSPI	ITAL (If not in hospital, give s		d. STREET ADDRESS	0001			e. IS RES	IDENCE
OK INSTITUTION	RFD # 1		RFT	# 1				ENO T
3. NAME OF	First	Middle	Lost	4. DATE	Mont	th	Day	Year
(Type or print)	Gazell		Smilev	OF DEATH	Ang	7	,	19 58
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1 YE		
Female		DOWED X DIVORCED	Dec. 23,1	869	log Brithdoy)	Months Day	rs Hours	Min.
10a. USUAL OCCUPATI	ON (Give kind of work done rking life, even if retired)	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stot	le or foreign c	ountry)	12. CITIZEN	OF WHAT	COUNTRY
A 1	ome	At Home	Marvla	nd			USA	
13. FATHER'S NAME			14. MOTHER'S MAIDEN	10.2 95			0021	
Unkne	own		Unkno	wn.				
	ER IN U. S. ARMED FORCES?		NFORMANT		Addr	ess		-
No No	(If yes, give war ar dates of service) 本分分分分分分分		Sherman Bro	wn. M	ardela	Spring	e. M	d.
	ATH [Enter only one cause p		,	A CALLED AND	ac ac ac		NTERVAL BE	
	ATH WAS CAUSED BY:	Hopel Pa	00				NSET AND	
78511	IMMEDIATE CAUSE (o) DUE TO	The desired the second	wene					
Conditions, if		01						
gave rise to	immediate (7.						
cause (o), stating lying cause lost.		Tauba 's	1			-		
	- (0)	ONS CONTRIBUTING TO DEATH BUT	NOT BELLTED TO THE TERM	MINIAL DICEAS	F COMPLETION OF		.110	ALITOROU
PART II. OT	HER SIGNIFICANT CONDITIO	CLEANS TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART I(o	PERFC	DRMED?
E	AS UNDERLYING [] 20b.	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port Lor Por	t II of item 181		1 155	NO
OR CONTRIBUTING	AS UNDERLYING (1) 20b. G (1) CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIPTION WORK OCCURRE	b. Temer notore or injury in		The of them 19.3			
		0d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, for	1006 ICIA				
Y 20c. TIME OF INJU Hour o. m.	APPEND IN W	/hile _ Not while _ fo	ctory, street, office bldg., e	fc.)	or town)	(Coun	iy)	(Stote)
₹ p. m.	e house is a	work of work						
21. I certify t	that I attended the dea	ceased fram Lely 1	1958, to C	ung -	2 1925	,that I last	saw the	deceased
alive an	Flele 74.	19 1 9 and that death	occurred at 7.3"	M, from	n the causes a	nd an the	date state	ed abave
0	-//		/	ADDRESS (S	treet, city or town,	stote)	D	ATE SIGNED
ACTUAL SIGNATURE	17270 C	-	M.D	Eclel	a Abu		Te -	
PHYSICIAN'S	22126				7	/		
NAME (Type)	101.0	BU175						
220. BURIAL, CREMATIC	1	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCA	TION (City, town, o	r county)	(Stot	e)
Burial	8-10-58	Zion Ceme			dela Sp			RFD
22. FUNTERAL DIRECTOR	S SIGNATURE	ADDRESS	240. REC	C'D BY REGIS	PAR DZ46. REGIS	TRAR'S SIGNA	TURE /	/
Locales	JAV. Ma	well shan	Coun Date	121	75 /1x	their	11	nous
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	1947). Farming a rate of the	
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an in the second second	19 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

VS A15 (4) 15M 10/57 M

MARYLAND STATE DEPARTMENT	OF HEALTH-BALTIMORE, 18
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CERTIFICATE OF DEATH

09632

	962		CERTITI	QA.	OI DEAII			Reg. Dis	st. No		
1. PLACE OF DEATH o. COUNTY Wic	omico		MARYLAN		USUAL RESIDENCE (WE STATE Maryland	nere decease	ed lived. If instituti b. COUNTY			re admis	sion)
b. CITY OR TOWN RURAL and give	(If outside corporete limineorest town)	its, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If o	outside corp	orote limits, write R	URAL ond	give nec	prest tow	n)
Sal	isbury		34 days		Easton		d	204	0.	2	
d. NAME OF HOSP OR INSTITUTION Deer s					d. STREET ADDRESS	Stro	o+			ON A	SIDENCE A FARM?
3. NAME OF	Fin					7			1		
DECEASED (Type or print)	Ros		Middle Lee		Smi th	4. DATE OF DEATE	Mon 4 Augu		Do	,	Year 19 58
5. SEX			RIED NEVER MARRIED	m la D	ATE OF BIRTH	1 02411	asug u	· · · · · · · · · · · · · · · · · · ·	1 YEAR		
Female	Colored	WIDOW			Oct. 8, 19	08	lost birthdoy) 49 yrs.	-	Days	Hours	Min.
100. USUAL OCCUPAT	ION (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSINESS OR II	NDUSTRY	11. BIRTHPLACE (Stote	or foreign	country)	12. CIT	IZEN C	F WHAT	T COUNT
Unk	arking into, even ir remed	"			Louisia	na			U.	S.A.	
13. FATHER'S NAME		1.35.77		14	. MOTHER'S MAIDEN N	NAME					
Henr	y Jefferson	1			Ella Bro	wn					
IS. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFO	RMANT		Add	ress			
Unk	(If yes, give war or dates of s	ervice]	Mospital Re	cords	, Salisbu	ry, M	lary	land	
IB. CAUSE OF DE	ATH [Enter only one co	ouse per li	ne for (o), (b), ond (c).						INT	ERVAL BI	ETWEEN
PART I. DE	ATH WAS CAUSED BY:	, U	remia							2 mo	DEATH
592X	DUE TO)								C 1100	
Conditions, if	onv. which)	C	hronic glome	rulo	nephritis					Year	'S
gove rise to	immediate (-		
lying couse lost	The under-										
Z PART II. O		,	CONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERM	INAL DISEA	SE CONDITION GIV	EN IN PAR	T 1(o) 1	9. WAS	AUTOPSY
Hype	ertensive an	teri	osclerotic c	ardi	ovascular d	iseas	е				ORMED?
200. ACCIDENT W	/AS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)		CRIBE HOW INJURY OCCU								
		204 11	NJURY OCCURRED 200	DIACS.	OF INJURY (Home, form	1000 100					
Hour o.m.	10	While of wor	Not while	foctory,	street, office bldg., etc) 201. (Cil	ly or town)	(0	County)		(Stote
				^	10 FR . A.	<u> </u>	2 ٢0				
			ed from June 3								
alive on_Au	igust. 3	, 195	$8_{,-}$, and that de	eath ac					he da		
ACTUAL	Ar III	110 h	wiew.				Street, city or town,			0 /1	ATE SIGN
SIGNATURE	7	uc o	ween.	M.D.	Deer's He	ad St	ate Hospi	tal		8/1	150
PHYSICIAN'S NAME (Type)	√√.	Juer	man, M. D.		Salisbury	Mary	yland				
220 BURIAL, CREMATI	ON, 22b. DATE THEREC)F	720 NAME OF CEMETER	RY OR CR	EMATORY	22d. LOC/	TION (City: town	or county	7	(Sto	te)
LANGE (Special	Queg 6-	53	Unota.	your	x Dd	1/2	aco	C.E.S	2 (1	
23. FUNERAL DIRECTO	R'S SIGNATURE	1	ADDRESS	X	240. REC'	D BY REGIS	TRAR 24b. REGI	STRAR'S SIC	SNATY	RE	-1/2
171-	Per 1	110	(11.20)	1	DATE		0 1	Epo .	7/		

e. IS RESIDENCE

ON A FARM

YES NO

19 58

Reg. Dist. No.

Wicomico

8th

12. CITIZEN OF WHAT COUNTRY? SA

INTERVAL BETWEEN

Years

PERFORMED? YES NO NO

(State)

(County)

24b. REGISTRARIS SIGNATURE

24a. REC'D BY REGISTRAR

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o COUNTY Maryland Wicomico b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give neorest Swillisbury Salisbury 1 vr.10mo. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION Deer's Head State Hospital 206 Center St NAME OF Middle 4. DATE Month DECEASED CHARLOTTE REVEL SULLIVAN AUGUST DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years 5. SEX B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Onthony) Feb.15,1868 Female White DIVORCED [WIDOWED T 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)

None

Princess Anne. M Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Dolly Willing John Revel Mrs. John Still Center St. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: Cerebral hemorrhage DUE TO Hypertensive cardiovascular disease Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) foctory, street, office bldg., etc.) 0 m Not while of work of work 21. I certify that I attended the deceased from October 10 19 56 to August 8th 158 19 58 , and that death occurred at 9:25AM, from the causes and on the date stated above. August 8th ADDRESS (Street, city or town, state) ACTUAL Deer's Head State Hospital PHYSICIAN'S NAME (Type) L.V. Maldve. M.D. Salisbury. Maryland 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Salisbury, Maryland Parsons Cemetery Aug.10,1958

ADDRESS

SALISBURY MARYLAND

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3

23. FUNERAL DIRECTOR'S SIGNATURE

HOLLOWAY & COMPANY

director, iled with

filed v

should

. . . . C2 of the Heart Tracker House that Track County of a 2 Leading to the second Bandon and on the Andrew Comment of the Comment of which was not as the course of their course of the course Bull story, Daryland mark to the second of the second LAGE, IC, TARE LEWY COME STRUCTURY - IN SELLENARY, MARY STREET

9631 **CERTIFICATE OF DEATH**

09634

1, PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where deceased live a. STATE	ed. If institution: Residence b. COUNTY	before admission)
Lucomico	MARYLAND	MARYLAND	WORD	FSTER
b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town)	write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate	limits, write RURAL and give	e nearest town)
SALISBURY	8 DAUS	STOCKT	AN 23	x - 2
d. NAME OF HOSPITAL (If not in hospital, give	street oddress)	d. STREET ADDRESS		e. IS RESIDENCE
PENINSULA GENERA	L HOSPITAL	R. F. D. #	2	ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print)	ABETH S.	Lost 4. DATE OF DEATH	Month AUGUST	Day Year ZA 19 53
S. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. A	GE (In years IF UNDER 1 Y	EAR IF UNDER 24 HRS
FEMALE COLOREDW	IDOWED DIVORCED	MARCH 19, 1900 2	ost birthday) Months Do	pys Hours Min.
10a. USUAL OCCUPATION (Give kind of work don during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign countr	y) 12. CITIZE	N OF WHAT COUNT
HOUSE WORK	-	GEORGIA	US	A
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
UNKHOWN		UNKNOWN	L'artist de	
S. WAS DECEASEDEVER IN U. S. ARMED FORCES (Yes, no. or unknown) (If yes, give wor or doles of service)		NFORMANT	Address	
No -	\$16-14-9751 RE	V. ANGELO H. BROL	NN, STOCK	TON, MI
18. CAUSE OF DEATH [Enter only one couse	per line for (o), (b), and (c).]	0 1		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	(will a	L'acontes	10	8 days
JJAX DUE TO				1
Conditions, if ony, which) (b)				
gove rise to immediate (
lying couse lost.			400 100 100	
, (c)_	TONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDIT				PERFORMED?
	P DECCRIBE HOW INTRIDA OCCURRE	2 (5) () () () () () () ()	C 14: 10 h	
200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	B. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I or Port II o	r item to.j	
	20d. INJURY OCCURRED 20e. PL While Not while for	ACE OF INJURY (Home, form, 20f. (City or to clory, street, office bldg., etc.)		nty) (State
20c. TIME OF INJURY Month, Day, Year Hour o. m.	20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or to		inty) (Stote
	20d. INJURY OCCURRED 20e. PL for only work of work	ACE OF INJURY (Home, form, 20f. (City or to	own) (Cou	
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19	20d. INJURY OCCURRED 20e. PL for only work of work	ACE OF INJURY (Home, form, 20f. (City or tolory, street, office bldg., etc.)	own) (Cou	it saw the deceas
20c. TIME OF INJURY Month, Day, Year Haur o. m. p. m. 21. I certify that I attended the de	20d. INJURY OCCURRED 20e. PL While Not while of work ceedsed fram.	ACE OF INJURY (Home, form, 20f. (City or to clory, street, office bldg., etc.) 31., 1928, ta 8/20 1 occurred at 7/2 M, fram th	own) (Cou	at saw the decease
20c. TIME OF INJURY Month, Day, Year Haur a. m. 19 21. I certify that I attended the de	20d. INJURY OCCURRED While Not while of work 200. PL Control of work 200. PL For port of work	ACE OF INJURY (Home, form, 20f. (City or to clory, street, office bldg., etc.) 31., 1928, ta 8/20 1 occurred at 7/2 M, fram th	own) (Cou	it saw the deceas
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 21. I certify that I attended the dealive an 20,,	20d. INJURY OCCURRED While Not while of work 200. PL Control of work 200. PL For port of work	ACE OF INJURY (Home, form, 20f. (City or toclory, street, office bldg., etc.) 31, 1958, ta 8/20 a occurred at 7/2 M, fram th ADDRESS (Street,	own) (Cou	at saw the deceas
20c. TIME OF INJURY Month, Day, Year Hour a.m., p. m. 19 21. I certify that I attended the de alive an 200, ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION, 22b. DATE THEREOF	20d. INJURY OCCURRED While Not while of work 200. PL Control of work 200. PL For port of work	ACE OF INJURY (Home, form, 20f. (City or follow), street, office bldg., etc.) 3.1., 19.28, ta 8.20 1 occurred at 7.2. M, fram th ADDRESS (Street, M.D. 3.20.20.20.20.20.20.20.20.20.20.20.20.20.	own) (Cou	at saw the deceas
20c. TIME OF INJURY Month, Day, Year Haur a.m., p. m. 19 21. I certify that I attended the dealive an Santure Physician's NAME (Type)	20d. INJURY OCCURRED 20e. PL While of work Not while of work Security 19.5 S	ACE OF INJURY (Home, form, 20f. (City or follow), street, office bldg., etc.) 3.1., 19.28, ta 8.20 1 occurred at 7.2. M, fram th ADDRESS (Street, M.D. 3.20.20.20.20.20.20.20.20.20.20.20.20.20.	e causes and on the city or town, stote)	t saw the decease date stated aba DATE SIGN
20c. TIME OF INJURY Month, Day, Year Hour a.m., p. m. 19 21. I certify that I attended the de alive an 200, ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION, 22b. DATE THEREOF	20d. INJURY OCCURRED While Not while of work 20e. Pt for of work 20e. Pt for one work	ACE OF INJURY (Home, form, 20f. (City or follow), street, office bldg., etc.) 3.1., 19.28, ta 8.20 1 occurred at 7.2. M, fram th ADDRESS (Street, M.D. 3.20.20.20.20.20.20.20.20.20.20.20.20.20.	e causes and on the city or town, stote)	st saw the decease date stated about STE SIGN STEEL STORY

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death.: Page 4 inpletely filled in by the funeral director, its. Pages 1 and 2 should be filed with TO FUNERAL DIRECTOR: A property this certificate has been signed by the attending physician and compage 3 shauld be detached to use as the burial-transit permit. Then please remave carbon the registrar prior to burial, a marked and in any event within 72 haurs after detached. VS A15 (4) 15M 10/57

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9632

CERTIFICATE OF DEATH

Reg. Dist. No.

1	PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
1	WICOMICO MARYLAND	MARYLAND b. COUNTY (DICOMICO
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	SALISBURY 12 DAYS	125ALISBURU
T	d. NAME OF HOSPITAL (If not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE
1	PENINSULA GENERAL HOSPITAL	1 705 (1) MAIN ST. YEST NO FT
3	NAME OF First Middle	Lost 4. DATE Month Day Year
Т	Type or print)	OF OF THE OF THE OF THE OF
1	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS.
1	FEMALE CALAREN WIDOWED BY DIVORCED	lost birthdoy) Months Days Hours Min.
1	0a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU:	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
)[during most of working life, even if retired)	12. CHIZEN OF WHAT COUNTRY
١,	3. FATHER'S NAME	Miller ViolA
1	3. FAIRER S NAME	14. MOTHER'S MAIDEN NAME
-	Unkarous	Tillie Sitter
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 11 Yes, no. 92-pnhnown) (If yes, give wor or dates of service)	NFORMANT Address Address
	40	ettle neal soft and man
	18: CAUSE OF DEATH [Enter only one couse per line for (o). (b). ond (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6)	as arcinoma Bully an
	164X DUE TO (/)	Pl all
	Conditions, if ony, which) (b)	(Selwaran Jewin hace)
1	gove rise to immediate couse (a), stating the under-	
1	lying couse lost.	
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	PERFORMED?
Table 1		D. (Enter noture of injury in Port I or Port II of item 18.)
- 1		
1		ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole)
1 2	Hour o. m. P. m. 19 of work of work	clory, street, office bldg., etc.)
	21. I certify that I attended the deceased from.	10 4- 10 11 11 11
1	n // //	1/9 1)
	alive an, 19, and that death	The second of th
	ACTUAL Anis / July or	ADDRESS (Street) city or town, stote) DATE SIGNED
	SIGNATURE PERVEN & TENTON	M. D. F. C. T. J.
	PHYSICIAN'S NAME (Type)	
2	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City) town, or county) (Stote)
	REMOVAL (Specify) Sel & Stern Co	res delisted and
2	B. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. MEGISTRAR'S SIGNATURE
	Justu of Stewat Solis. In	Of DATE SEP 10'58 Orthun S. Trans

	SHITHIR N	CERTIFICATE O	
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	Marie St.		
			of Management
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VS A15 (4) 15M 9/55

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09635

CERTIFICATE OF DEATH

			063											Reg. D	Pist. No.		
1. PLACE O o. COUN		Wicom	100			MARYLA	ND	2. USUAL o. STAT	9.4		land		If instituti		comi		n)
		If autside carp learest town) Salis		, write	c. LENGTH	OF STAY IN	16	c. CITY	-	_	sbur		its, write R	RURAL ond	give near	rest fown)	
d. NAME OR IN	OF HOSPI	Pen G	en.					d. STRE	ET ADDRI		Nayl	or	St			ON A F	ARM?
3. NAME O DECEASE (Type or	D		LOUI			Middle GLEN		I	lost OWE		4. DATE OF DEATH		AUG		Doy	5th 19	
5. SEX Ma.		6. COLOR C	te	WIDOWE		ER MARRIED DIVORCED [B. DATE OF Dec . 1	4, :	188		7	(In years birthday) 2 yrs.		Doys	Hours	24 HRS, Min.
during	occupation of working the control of	ON (Give kind king life, even Line	of work do if retired) Form			.Tele			-	State o			ylan		U S	WHAT C	OUNTRY?
13. FATHER'S								14. MOTH	ER'S MAI	DEN NA	AME						*
W11.	liam	H. To	wers						Par	ali:	ne B	urk	ett				
15. WAS DE (Yes, no. or uni Unk		ER IN U. S. AR (If yes, give war			SOCIAL SEC	URITY NO.	17. II	re. E.	-	rl	Towe:		Wife land	7202	Naj	lor	St.
Condi gove cause	PART I. DE.	ATH [Enter or ATH WAS CAU IMMEDIATE ony, which immediate the under-	SED BY:	se per lin	e for (a) 16), and (c).]	Ko	Ter ;	Hea	r.J	De	va	10			TAND D	
ІСАПС		HER SIGNIFIC												VEN IN PA	RT 1(a) 19	PERFORA	AED?
	CIDENT W NTRIBUTING ER, NOTIFY	AS UNDERLYING CAUSE OF MEDICAL EXA	F DEATH	Ob. DESC	RIBE HOW	INJURY OCC	URREC). (Enter natu	re of inju	ry in Po	art I ar Par	t II of i	tem 18.)				
	E OF INJUI our a.m. p.m.	RY Manth,	Day, Yeor	20d. IN While at wark	Not wh	nile	e. PL/ fac	ACE OF INJU	RY (Home office bldg	, farm, g., etc.)	20f. (City	ar tow	n)		(Caunty)		(State)
alive ACTUA SIGNAT	an 8/	hat I attend	Jus		se ise	nd that d		accurred w.b	at7:	304	ADDRESS (S	n the		and an , stote) Au	the date	DAT	abave. E SIGNED
220. BURIAL	CREMATIC		E THEREOF		22c. NAME	OF CEMETE	RY OI	R CREMATOR	Y	T	22d. LOCA	TION (C	ity, tawn,	ar county))	(State)	
REMOV	AL (Specify	Anor	.17	1958	P	arson	S	Cemet	erv				bury		rvla		
23. FUNERA	L DIRECTOR	'S SIGNATURE		-//	ADDRE				-	REC'D	BY REGIST		0	ISTRAR'S S	- W		
HOLL	YAWO	& COM	PANY	S	SALIS	BURY	MA	RYLAN	D DAT	eUG .	1 8 '58		Out	1 . 0	de		

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VS A15 (4) 15M 10/57 83

STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
	STATE DEPARTMENT	STATE DEPARTMENT OF HEALTH—BALTIMORE,

CERTIFICATE OF DEATH

09636

9634	CERTITION	AIL OI DEAII		Reg. Dist. No.
o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	b. COUNTY	tion: Residence before admission) Y Williamica
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest 16 mm)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If or	alside corporate limits, write	RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION GENERAL HO	oddress)	d. STREET ADDRESS	enst	e. IS RESIDENC ON A FARM YES NO
NAME OF First DECEASED (Type or print) Rose	Middle BELLE	Webster	4. DATE MO OF DEATH AU	onth Day Year
7 1 net	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 8-12-187	9. AGE (In years) lost birthday) 8 2 yrs	Months Days Hours Min
a. USUAL OCCUPATION (Give kind of work done 10th during most of working life, even if retired)	HOME	MARYL	4ND	12. CITIZEN OF WHAT COUN
SOREN HIWEB	STER	WILLIE	FIELDS	7
. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 st. no. or unknown) (If yes, give wor or dates of service)	NONE 17.	LUMA CRO	PPER -DE	CLMAR- MD
18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (a), (b), and (c).]	boxular	Accident	INTERVAL BETWEE
332 X DUE TO Conditions, if ony, which (b)	Leveraliza	larters so	levois	
gove rise to immediate couse (o), stoting the under-lying couse lost.	hijstund ves	sel in lift	hand of Amp	entotal .
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GI	IVEN IN PART 1(0) 19. WAS AUTOP PERFORMED YES NO
OR CONTRIBUTING CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Port II of item 18.)	
Hour o.m. While		ACE OF INJURY (Home, form, clory, street, office bldg., etc.)	20f. (City or town)	(County) (Ste
21. I certify that I attended the decea		19 5 8 to 8	Á /	8, that I last saw the dece
ACTUAL SIGNATURE William /	28 Cal		DORESS (Street, city or town,	and an the date stated ab , stote) DATE SIG
PHYSICIAN'S NAME (Type)	1			34
O. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 8-19-58	DEA2	SLAND	22d. LOCATION (City. fown,	or county) (Stote)
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			ISTRAR'S SIGNATURE

TALL ST Marie Land

TO FUNERAL DIRECTOR: "Fer this certificate has been signed by the attending physician agreed 5 should be detact. For use as the burial-transit permit. Then please remove carbitre registrar priar to burke, cremation, ar removal, and in any event within 72 hours, offer the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 15M 9/5S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9635

CERTIFICATE OF DEATH

09637

		Reg	. Dist. No.
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Re o. STATE b. COUNTY	sidence before admission)
Wicomi		Maryland Do	chester
b. CITY OR TOWN (If outside carpor RURAL and give gearest Jown)	rate limits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
Salisbur	y ODAYS	Campridge	09/3.2
d. NAME OF HOSPITAL (If not in he	1 /1 0 1/	d. STREET ADDRESS	IS RESIDENCE ON A FARM?
Tenin's	sula General /bs	ip. 107 hace Street	YES NO
3. NAME OF DECEASED (Type or print)	First Middle 1:NtoN JAMES	White of DEATH Augus	t Doy Year 1 1958
5. SEX 6. COLOR OF	RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeofs IF UN lost bighday) Mon	IDER I YEAR IF UNDER 24 HRS.
MALE Wh	TE WIDOWED DIVORCED	ac 12 1901 56 m.	ths Days Hours Min.
10a. USUAL OCCUPATION (Give kind a during most of working life, even if	of work done 10b. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (State or foreign country) 12	. CITIZEN OF WHAT COUNTRY?
WELDING (PR		G DECA WIARE	USA
13. FATHER'S NAME	Least TE	14. MOTHER'S MAIDEN NAME	
LIKKY I.	MHILE	LEMMA THYLOR	
15. WAS DECEASED EVER IN U. S. ARM (Yes, no. or unknown) (If yes, give wor or		INFORMANT Address	NIE MA
100 -	·	ALICE I. MHILE-CHMSRI	DGE MU
18. CAUSE OF DEATH [Enter only PART I. DEATH WAS CAUSI IMMEDIATE C		ial Infaction	INTERVAL BETWEEN ONSEL AND DEATH
1/200	DUE TO		1/3
Conditions, if ony, which)	(b) Oconcery	Occlusion	8 days
gove rise to immediate couse (a), stating the under-	DUE TO	110 1 10:0	
lying cause last.	(c) alterios es	In the Heart Dislus	<u> </u>
PART II. OTHER SIGNIFICAN	AT CONDITIONS CONTRIBUTING TO DEATH BL	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED?
3			YES NO
PART II. OTHER SIGNIFICAN 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF IF EITHER, NOTIFY MEDICAL EXAM	DEATH	ED. (Enter noture of injury in Part I ar Part II of item 18.)	
20c. TIME OF INJURY Month, Do		PLACE OF INJURY (Home, farm, 20f. (City ar town) octory, street, affice bldg., etc.)	(County) (State)
p. m.	19 While Not while of work at work		
21. I certify that I attende	ed the deceased fram July	25, 1958, to Chegut 1, 1958, tha	t I last saw the deceased
alive on august 1	, 19 5 8 , and that dea	h accurred at 4250 M, from the causes and o	
40	a' 1/eath	ADDRESS (Street) city or town, state)	DATE SIGNED
SIGNATURE TO	nees C. Hell	mo Pine Stull Road	8/1/58
PHYSICIAN'S NAME (Type)		Salislany 1	naugland
220. BURIAL, CREMATION, 226. DATE	THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town, or cour	(Stote)
REMOVAL (Specify) AUG	3.19581000 FELLN	US Cem. SERFORD I	DELAMARE
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR	S SIGNATURE
11 Krowy 9-M	MODING! - SEHPOR	DEL DATAUG 4 '58 Clustes	uch

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963	5	CERTIFIC	AII	OF DEAT	П		Reg. Di	st. No.		
1. PLACE OF DEATH o. COUNTY Wicomico		MARYLAND	11	USUAL RESIDENCE (*) o. STATE Mary.		b. COUNTY	_	ches		ion)
b. CITY OR TOWN (If outside corporo RURAL and give nearest town) Salisbury	te limits, write	c. LENGTH OF STAY IN TH		c. CITY OR TOWN (I			JRAL and	give nec	rest towr	1) /
	dand of the care of	10 weeks			h Creek	0	9x -	el.	ic bee	1051155
d. NAME OF HOSPITAL (If not in hosp OR INSTITUTION Deer's Head Sta	-			NONE						FARM?
3. NAME OF DECEASED (Type or print) So	First olomon	Middle R		Willey	4. DATE OF DEATH	Aug		6		Yeor 19 58
5. SEX 6. COLOR OR I	RACE 7. MAR	RIED NEVER MARRIED	8. D	ATE OF BIRTH	110000	9. AGE (In years last birthday)	IF UNDER	7.7		
Male Whit		Land Control		5/8/1882		76 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of during most of working life, even if r	work done 10b.	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Sto	ote or foreign co	ountry)	12. CI	TIZEN O	F WHAT	COUNTRY
Waterman		Waterman		Mary.					USA	
13. FATHER'S NAME			14	. MOTHER'S MAIDEN						
George Willey				Mary F						
15. WAS DECEASED EVER IN U. S. ARMEI (Yes, no or unknown) (If yes, give wor or do		SOCIAL SECURITY NO. 17	, INPOI	MANTDeer's	Head H	ospitai ^d	lecor	ds		
18. CAUSE OF DEATH [Enter only of		ne for (o), (b), and (c).]						INTE	RVAL BE	TWEEN
PART I. DEATH WAS CAUSED IMMEDIATE CAN) 8Y: USE (o)	Cor pulmona	le				2/11/2	0143		hrs
491X 0	UE TO	11 . 3								
Conditions, if ony, which	(b)	bronchial p	neur	monia					3 (days
cause (o), storing the under-	UE TO									
lying cause lost.	(c)									
PART II. OTHER SIGNIFICANT General art 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMI	erioscl	erosis; right						T 1(o) 1	PERFO	AUTOPSY RMED?
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Er	nter noture of injury i	in Port I or Port	t II of item 18.)				
20c. TIME OF INJURY Month. Doy Hour a. m. p. m.	7, Year 20d. I While of wor	Not while		OF INJURY (Home, fo street, office bldg., o		or town)	(1	County)		(Stote)
21. I certify that I attended	the deceas	ed from May 27		. 19 <u>58</u> , to	Aug.	6 , 19 58	that I	last so	w the	decease
alive on Aug. 6	, 19		th oc	curred at10:2	5A-M, from	n the causes a	nd an t	he da	te state	ed above
ACTUAL 6				5 1		treet, city or town,			0//	ATE SIGNE
ACTUAL SIGNATURE	orne	- CG	M.D.	Deer's	Head S	tate Host	oital		8/6	1/50
PHYSICIAN'S G. KOS	mahly, 1	W. D.		Salisb	ury, Ma	ryland				
220. BURIAL, CREMATION, REMOVAL (Specify) Burial 8/9/5	HEREOF 68	Church Cen		EMATORY		ison, Man		d.	(State	e)
23. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	**		C'D BY REGIST				E	
Le Compte Funera	L Servi	ce, Cambridge	, Mo	DATE	AUG 1 1	'58 UW	Thea	uch		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and pompletely filled in by the funeral director, page 3 shauld be detach. For use as the burial-transit permit. Then please remove carbon pers. Pages 1 and 2 shauld be filed with the registrar prior to burne, cremation, ar remaval, and in any event within 72 hours offer wat. VS A15 (4) 15M 9/55

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NATIONAL STREET	OF DEATH	CERTIFICATE	
			Bull Stanford
		HALL I Through them II amile in 1981	
		trong a late to the late of the said	
	OH MANY STOWNS		Se . I do a fill
		1	with S. Li
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		A Maritiment Comments	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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9637 CERTIFIC	ATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. COUNTY Wicomico MARYLAND	o. STATE maryland b. COUNTY (Wicomico
b. CITY OR TOWN (If outside corporate limits, write RURAL and give necres) town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Salisburg Md R R = 1
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION PENINSALIA GENERAL HOSP	/ Allen Road Route # 1.
3. NAME OF DECEASED (Type or print) Be was Mae. Middle W / /	11 ans death and the Doy Year OF DEATH and S 1458
5. SEX 6. COLOR OR RACE WIDOWED DIVORCED DIVORCED	8. DATE OF BIRTH Feb. 6.1921 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Worker Shirt Factor	
George T. Williams	Mary Emily Ennis
(Yes. no. or unknown) (If yes, give wor or dates of service)	irs. Mary E Williams (Möther)
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) SEPTICEMICA.	(Bacteremia)
376 X DUE TO Cellul Les	Left Eye 1 week
gove rise to immediate couse (a), stating the under-lying couse lost.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	RED. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of work	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) octory, street, office bldg., etc.)
21. I certify that I oftended the deceased from and that dept	122, 1958, to Church 22, 1958, that I last saw the deceased the occurred of 8:35 P.M. from the causes and on the date stated above
dive on, and rhar deor	h occurred of J. J. F.M., from the causes ond on the date stated above ADDRESS (Street city pr-town, state) DATE SIGNE
ACTUAL SIGNATURE TRANSC. Filly.	MD. Pure Bluff Road 8/23/58
PHYSICIAN'S NAME (Type)	Salislung, Md
	Cemetery 22d 10 cation (City, town, or County Md.)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS LIGHT ADDRESS LIGHT ADDRESS ADDRESS MONTH	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Holloway & Co. Salisbury, Mary	DATE OF SECONDARY STRONG

VS A15 (4) 15M 10/57

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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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OG29 CERTIFIC	ATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY WICOMICG MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Were ster
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Accord City 23 × - 2
d. NAME OF HOSPITAL (If not in hyspital, give street address) OR INSTITUTION LEVINESULA LENERAL HOSPITAL	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NO
3. NAME OF First Middle DECEASED (Type or print) William HENRY	Wyatt DEATH August 14 1958
15. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED	B. DATE OF BIRTH APRIL 3 1893 9. AGE (In fears last birthday) 65 yrs. BILUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done of the during most of working life, even if retired) ARPENTER. SELF EMPLOYER	EN BERLIN MO/RF.P. U.S/A
13. FATHER'S NAME MINOS WYATT	LAURS WILLIAMS
(Yes, no. of unknown) (If yes, give wor or dotate of service) 2.22-01-68-84	MRS- W. H. XV YHTT OCKAN CTIL.
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	Demovilage interval between onset, and death
Conditions, if any, which gave rise to immediate cause (a), stating the under-	
lying couse last. (c) William OMA(x	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
© OR CONTRIBUTING ☐ CAUSE OF DEATH	ED. (Enter nature of injury in Part I or Part II of item 18.)
ZOC. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PI	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) actory, street, office bldg., etc.)
21. I certify that I attended the deceased from	h occurred at 11:15 PM, from the couses and on the date stated above
ACTUAL SIGNATURE PEUT SUS SUS SUS SUS SUS SUS SUS SUS SUS S	M.D. PINT BULL + K. Street, city or town, state) 8 16 58
PHYSICIAN'S RUFUS S. GARCHIERU	R SALISBURY, Md
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	LREEN BERLIN MD.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Belli	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE

BET SHOWN IT LAND SHELLASH OF THE MEN SAVERE STATE SHALLY NAME. HIASTING HADRITSON IN the began the off points about the effect of the first t the state to the state of the s

CERTIFICATE OF DEATH 9639 with director Pode 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed o. COUNTY b. COUNTY Wicomico MARYLAND Wicomico Maryland death funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) Nanticoke should wks. Salisbury d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 82 OR INSTITUTION ON A FARM? Hospita. within 24 hours Peninsula Gen. YES NO 2 NAME OF Middle Lost 4. DATE Month Day Year filled DECEASED OF DEATH GEORGE ZIMMERMAN 19 58 (Type or print) Aug. IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Min. Male White WIDOWED KT DIVORCED T yrs. 10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Barber Barber Shor America Own Unknown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 6 Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address No C.G. Messick, Bivalve, Marvland 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO þ Canditians, if any, which gove rise to immediate **DUE TO** cause (o), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 17 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stole) (County) factory, street, office bldg., etc.) Hour o. m While Not while at work at work 21. I certify that I attended the deceased from ____ 19_5 that I last saw the deceased and that death accurred at M. fram the causes and an the date stated above FUNERAL DIRECTOR: ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL should be PHYSICIAN'S NAME (Type) Fisher Medical Center Md. 8/23/58 Salisbury. 3 22a. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify Turner's Cem. Nanticoke, Maryland 0 ADDRESS **EUMERAL DIRECTOR'S SIGNATURE** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Cirinua S. Thous SEP 9 Bivalve VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MARYLAND STATE DEPARTABLE OF HEALTH-BALKINORS, TO

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